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**Mapping the Landscape: Intervention Services for Child Sexual
Abuse in Lima, Peru**

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**Mapping the Landscape: Intervention Services for Child Sexual
Abuse in Lima, Peru**

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Dedication

Le dedico este proyecto a Rita Elena Castillo Miranda, amiga de mi corazón, quien me ha enseñado a través de su carrera y amistad lo que significa luchar por la niñez.

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by

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In this project, I explore challenges related to providing and receiving support services after a child has experienced sexual violence. My research aims centered on mapping the landscape of existing services for child sexual abuse (CSA) in the Lima province; identifying providers' perceptions of the beliefs and attitudes that shape CSA service delivery; and eliciting a family's narrative regarding their experience in seeking support after CSA. Employing a qualitative research design and exploratory, descriptive approach, I interviewed twelve service providers with diverse professional backgrounds as well as one caregiver who had sought services after her daughter had experienced CSA. Upon analyzing my data, I discovered a variety of themes and grouped them into three categories: causes, or why participants believe that CSA happens; services, or how organizations intervene after CSA has occurred; and philosophy, or what drives the services that organizations provide. I also collected recommendations from service providers regarding the ways that they believe CSA intervention services could be improved.

My findings reveal the interconnected nature between providers' beliefs about what causes CSA, the services they develop to address CSA, and the organizations' philosophies for providing services. My data also show that cultural distance exists between providers and clients

because they typically come from different racial, socioeconomic, educational, and linguistic backgrounds, which impacts service delivery. Cultural distance leads providers to “other” the clients and communities they serve, believing that CSA occurs because of problems within the communities themselves. Organizations, in turn, focus on educating community members and promoting healing and justice primarily through seeking harsh penalties for perpetrators. As I learned from my caregiver interview, though, the cultural distance between providers and clients can create a disconnect between what providers believe is important and what children and families truly need after experiencing trauma. Based on participants’ recommendations along with the aforementioned findings, I posit that it is necessary to involve community members and to honor the unique experiences of each child and family in order to develop culturally informed and effective CSA services.

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Chapter One: Child Sexual Abuse and Lima, Peru

Sexual violence is a cause for concern in many parts of the world (Pereda, Guilera, Forns, & Gómez-Benito, 2009; Contreras, Bott, Guedes, & Dartnall, 2010), and Peru is no exception. Although various forms of sexual violence affect children and adolescents as well as adults, this project focuses specifically on child sexual abuse (CSA), which refers to the sexual abuse of minors from ages one through seventeen.¹ While there is no single registry to track incidence of CSA, various sources show that different forms of sexual violence, including intrafamilial sexual abuse and commercial sexual exploitation, affect children and adolescents throughout Peru at alarmingly high rates. Between 2006 and 2011, CSA cases constituted almost one half of all child abuse cases reported to the National Children's Health Institute in Peru (Escalante-Romero et al., 2012). In 2015, nearly thirty-five percent of Peruvian adolescents (ages twelve to seventeen) reported that they had been victims of sexual violence at some point in their lives (Instituto Nacional de Estadística e Informática, 2016). The *Ministerio de la Mujer y Poblaciones Vulnerables* (Ministry of Women and Vulnerable Populations) and UNICEF Perú (2016) found that sexual abuse tends to begin early in a child's life and continue over a prolonged period of time, with abuse happening most frequently within the child's household. It is clear that this has become a prevalent social problem worthy of increased attention.

In addition to the high rates at which CSA occurs, it is equally concerning that there are few options available to victims for treatment and support (Ministerio de la Mujer y Poblaciones Vulnerables & UNICEF Perú, 2016). Even if there are options available, a recent study showed that less than ten percent of adolescent victims in Peru have reported their experiences of sexual

¹ Professionals in Peru who work in child protection use the phrase “*niños, niñas y adolescentes*” (“boys, girls, and adolescents”) or the acronym NNA to refer to this age range. Nevertheless, controversy exists regarding the exact age range that constitutes “childhood” and “adolescence,” as O’Connell Davidson (2005) explores in her work.

violence to the authorities or received support from a specialist (Instituto Nacional de Estadística e Informática, 2016). The existing services may be difficult to locate or fraught with barriers to the extent that victims feel frustrated and even harmed in the process of seeking support (Mujica, 2011). Having worked in the CSA field in the United States as well as with various social service organizations in Peru, I felt curious and also concerned about children's and families' options for seeking support after CSA. The data that I had read motivated me to uncover more details about the service delivery system and the protocols for serving CSA victims in Peru. In order to understand the services, I also sought to learn about how service providers conceptualize CSA in Peru.

PURPOSE OF THE STUDY

First and foremost, I wanted to conduct research on this issue by centering the unique sociocultural context of Peru. I aimed to view CSA from the Peruvian perspective, underscoring the way in which culture influences beliefs about CSA and, subsequently, service delivery. I have intended to illuminate CSA in the Peruvian context by focusing on the landscape of services, the providers who offer services, and the caregivers who seek and access services. Indeed, my findings reflect the reality of the setting and the participants whom I interviewed.

This study focuses on the landscape of services by providing an overview of the existing CSA intervention services in Lima. For this project, I consider "intervention services" to be one or more of the following types of support offered to children and adolescents through the public (governmental) or private (nongovernmental) sector after an incident of CSA has occurred: identification, investigation, orientation, and follow-up support. I added a category for policy and training efforts to account for the organizations that intervene by helping direct service

organizations to improve their service delivery through advocacy efforts and specialized training programs.²

Through my research on intervention services, I also aimed to identify the providers' perceptions of the beliefs and attitudes that have helped to shape CSA service delivery. I decided to interview service providers to achieve this goal. Through these interviews, I gained a deeper understanding of how beliefs about CSA influence service delivery and relate to the organizations' philosophies on how to serve CSA victims. Without a doubt, the identities and cultures of the service providers—who they are, what they look like, where they are from, and their educational backgrounds—influence the way in which they conceptualize CSA and serve their clients.

Finally, this study seeks to highlight the experiences of families who search for and partake in CSA intervention services in Lima. I wanted to gain insight into the way in which families in Lima perceive CSA intervention services and how they navigate systems after their children have been sexually abused. Thus, I decided that I would interview a caregiver and center her story as a significant part of my findings.

SETTING

I selected Peru as my region of investigation for this study for various reasons. Having lived in Peru for approximately three years before beginning graduate school, I had worked closely with children and families and had come to see that sexual violence and CSA were issues of grave concern for the communities where I lived and worked. Through that experience, I felt moved to continue learning about these issues, and I also wished to support the communities that

² Although I initially planned to include only direct service organizations in my sample, I learned from Peruvians in the field that the organizations dedicated to advocacy and policy work are some of the key players in this landscape of services. In an effort to honor the service providers' perspectives, I chose to include these types of organizations in my mapping.

I cared about in a meaningful way. Through conversations over the previous years with child protection professionals as well as my observations of media coverage related to the *Ni Una Menos* movement,³ it became clear to me that Peru was engaging in efforts to address sexual violence and CSA. Thus, this project was borne out of my desire to contribute to Peruvian communities through my own academic research on a topic that was relevant and of interest to them and to me. I chose to conduct my study specifically in Lima because of its capacity to yield a great deal of information and connections within a relatively short period of time, especially considering the network of contacts that I had already developed there. In addition, the central locations of every government institution and many social service organizations are found in Lima, making it possible to visit a variety of organizations and to meet with several different individuals who work there in a relatively short period of time.⁴



Figure 1: Map of South America.



Figure 2: Map of Peru.

³ See news articles in the U.S. website for *The Guardian*:

<https://www.theguardian.com/world/2016/aug/14/thousands-march-in-peru-to-protest-violence-against-women> and the Peruvian website for *RPP Noticias*: <http://rpp.pe/lima/actualidad/niunamenos-miles-se-concentran-para-marchar-contra-la-violencia-de-genero-noticia-1090861>

⁴ In the context of this study, the term “social service” refers to services that aim to support individuals and communities in areas such as education, nutrition, housing, and mental health. These services may be offered by private organizations or governmental programs.

In a general sense, Lima serves as an important location for many different reasons, given that it is both a province and the capital of Peru. It is an autonomous province (meaning it does not belong to any specific region, as the other provinces do) on the desert coast of Peru. As a province, it spans forty-three districts (one of which is also called Lima and is the city center) and boasts the largest population in the republic, with over nine million officially registered inhabitants (Instituto Nacional de Estadística e Informática, 2017). The province contains an array of universities, libraries, and other services, and it frequently serves as a hub for Peruvians from all over the country (as well as international travelers) to pass through any time that they need an important document or a specialized service. For my study, I decided that it would be the most practical area to conduct a ten-week research project. I kept my geographical limitations within Lima broad, researching organizations and speaking with providers in various districts of the province. As I progressed throughout my data collection, though, I noticed that many of the organizations that focused on CSA in Lima concentrated their work in the southern cone.

The province of Lima contains what Peruvians refer to as *el cono norte* (northern cone) and *el cono sur* (southern cone), which are clusters of districts located in the northern and southern extremes of the province. Despite being located on the outskirts, most of Lima's inhabitants are concentrated in the northern and southern cones. The southern cone has the largest percentage of children and adolescents in the entire Lima metropolitan area, and it also has the highest level of poverty in Lima province (Instituto Nacional de Estadística e Informática, 2014). Many of the providers I interviewed work or have worked in Valle del Sur,⁵ one district in the southern cone and the fifth largest district in the entire Lima province, with a population of almost 500,000 (Instituto Nacional de Estadística e Informática, 2017). Like other

⁵ Valle del Sur is a pseudonym.

parts of the northern and southern cones, Valle del Sur consists largely of Peruvians who have emigrated from other parts of the country, such as the Andes and Amazon regions. Oftentimes, the residents' first languages are Quechua, Aymara, or indigenous languages other than Spanish. The area is also characterized by lower levels of educational attainment, employment in the informal sector, and less access to electricity and potable water (Instituto Nacional de Estadística e Informática, 2014; Instituto Nacional de Estadística e Informática, 2017). For reasons such as these, it has become common for organizations to offer intervention services for a wide range of issues, including CSA, in Valle del Sur and other parts of the southern cone.



Figure 3: Lima province and southern cone.

CENTRAL ARGUMENT

My study explores CSA intervention services in Lima, while grappling with the question of cultural distance between CSA service providers and clients. Although I did not specifically undertake this project with the intention of analyzing cultural distance, I found myself drawn to this particular aspect while reviewing my data. I began to focus on questions such as: To what extent does cultural distance exist? How might cultural distance affect the relationship between

clients and providers as well as service delivery? How do families perceive this cultural distance? My work shows that cultural distance does exist between the providers and their clients, which leads to providers' beliefs that the causes of CSA lie within the clients and their communities. This, in turn, influences the services that are developed and most commonly offered to children and families.

In order to unpack this argument, I discuss each stage of the study that I created and carried out in Lima. My work focuses on the interviews I conducted with twelve service providers and one caregiver to learn about their experiences either delivering or receiving CSA intervention services. I draw from literature on various forms of violence, children's rights, and victimology to conceptualize the issue of CSA. I also incorporate literature on cultural distance and othering to highlight the ways in which providers view their clients and believe that CSA services should be delivered. In this way, I aim to present the reader with an understanding of the connection between beliefs about CSA, organizational philosophy, and the services that are created and delivered as a result.

As I will demonstrate in my thesis, the provision of social services is concentrated in specific areas, and the providers and administrators who oversee services fit a profile that is usually different from that of their clients. With regard to location, direct services for CSA tend to be delivered in impoverished areas, despite research that shows that CSA does not occur solely among families and communities of low socioeconomic status (Pereda et al., 2009). It is worth underscoring that the CSA providers I met who work in areas such as Valle del Sur do not typically reside in those areas or come from those communities. Instead, they are more likely to reside in the centralized, business district areas, where the organizations' administrative offices are usually based. As I began to observe not only geographic differences, but also differences in

class, race, and gender, I started to wonder about the degree of cultural distance that may exist between providers and clients.

I soon came to see that providers often come from a different socioeconomic and educational background than their clients, due largely to the increased professionalization of social services (Smith, 2005). Many of them have studied at prestigious universities in Lima, and they may have studied, worked, or attended trainings with professionals from North America, Europe, or other parts of South America. During my interviews, a few providers commented about CSA policies and laws in the United States, and it became clear to me that most of the literature they have accessed on the subject has originated in North America. Their discussion of experiences abroad and knowledge from non-Peruvian sources may indicate not only class status, as individuals of lower socioeconomic status may not have opportunities to access the same forms of education, but also a privileging of foreign over local knowledge (Dávila, 2016). This led me to wonder how providers deliver services such as community outreach and education around CSA to individuals and communities of different backgrounds.

Additionally, I observed the differences in physical appearance between providers and clients: the providers I met and interviewed presented as fair-skinned or perhaps mixed race, whereas clients were more likely to have darker complexions, given the demographics of the service areas.⁶ Differences became even more pronounced when considering the characteristics of direct service providers versus administrators. Those who occupied the higher administrative ranks had lighter skin than some of the direct service providers. In terms of gender differences, it seemed that direct service providers had slightly more in common with their clients than the

⁶ My descriptions of the providers' physical characteristics are based on my observations that the providers had white or light brown skin tones, and several of them identified as being from Lima specifically, which suggests that they might be considered "*blanco*" (white) or "*mestizo*" (mixed race), based on the link between geographical region and racial identity in Peru (Nugent, 2012; Boesten, 2014).

administrators. While many direct service providers that I met and interviewed were females, it seemed that primarily men held higher-level administrative positions within the organizations. Clients who sought CSA services, on the other hand, were more likely to be female, as providers frequently reported (either mothers seeking help for their children or adolescent girls who had been victims).

Much has been written about cultural distance and the way that it leads to othering. Scholars such as Trouillot and Mohanty have discussed othering in the context of research, highlighting the way in which power dynamics and cultural differences have led to the creation of a hierarchy between researchers and participants. Consequently, the researchers occupy the upper echelons of the hierarchy, viewing the participants as fundamentally different, inherently inferior, and a singular, homogeneous group (Trouillot, 2003; Mohanty, 2003). Put another way, “[o]thering is a process that identifies those that are thought to be different from oneself or the mainstream, and it can reinforce and reproduce positions of domination and subordination” (Johnson et al., 2004). As Krumer-Nevo and Benjamin (2010) posit, othering can also occur based on differences in socioeconomic status or any time in which scholars describe individuals in a way that denies their complexity, visibility, and unique voice.

These dynamics, however, are not restricted to the field of research. In fact, cultural distance and othering occur within social service and health care delivery as well (see: Dominelli, 2002; Johnson et al., 2004). Yan (2008) discusses the cultural tensions that arise among social workers, their organizations, and their clients, given that fields such as social work are historically Western constructs rooted in Anglo-American values, which may not fit with the identities and values of all of their clients. Therefore, the cultural distance between providers and clients that can lead to othering is a frequent occurrence and one that I became particularly

attuned to when gathering and analyzing my own data.

Because cultural differences commonly exist between providers and clients, scholarship on cross-cultural practices and “cultural competence” seeks to illuminate how to work effectively and respectfully with individuals from different backgrounds. Although scholars acknowledge that cultural competence remains an abstract concept, Lum (1999) offers the following definition: “acceptance of and respect for cultural differences, analysis of one’s own cultural identity and biases, awareness of the dynamics of difference in ethnic clients, and recognition of the need for additional knowledge, research, and resources to work with clients.”

Literature on cultural competence appears divided between acknowledging that achieving competence in someone else’s culture is impossible, while also seeking concrete ways to make services more appropriate and accessible for all individuals and identities. On one hand, scholars argue that it is quite difficult to possess adequate knowledge and understanding regarding all of the factors that affect every client who seeks services. Moreover, simply encouraging service providers to gather information about clients’ cultures before working with them can lead to increased stereotyping and may further place the provider in the role of “expert,” thereby reproducing oppressive dynamics between the provider and client (Dominelli, 2002). Thus, perhaps the term “cultural humility” would be more appropriate than “cultural competence” in reaffirming providers’ commitment to acknowledging power differentials and challenging institutional barriers (Fisher-Borne, Cain, & Martin, 2015).

On the other hand, various scholars posit that there are methods that can improve service provision for many clients, including offering services in multiple languages, recruiting and retaining providers from diverse backgrounds, understanding histories and systems of oppression, and engaging in empowerment and advocacy work alongside diverse groups (Logie,

Bridge, & Bridge, 2007; Constantine, Hage, Kindaichi, & Bryant, 2007; Furman et al., 2009). In fact, Metzl, Petty, and Olowojoba (2018) took these ideas a step further and developed a structural competency model for medical education. By integrating “scientific and medical advances with economics, sociology, anthropology, critical race studies, urban planning, epigenetics, and other frameworks,” the structural competency approach helps aspiring medical providers to develop analytical skills about the effects of structural racism and other inequalities on the health of their clients (Metzl, Petty, & Olowojoba, 2018). Nevertheless, a significant gap continues to exist between providers and clients in many professions. With the advent of models such as the structural competency approach, along with the knowledge that the distance between providers and clients remains present, it is crucial to consider what more can be done to ensure that individuals who need and desire support for issues such as CSA have access to appropriate, informed services.

SIGNIFICANCE AND IMPLICATIONS OF WORK

The topic of cultural distance in service delivery has significant implications for the field into which I am entering as a social work graduate student. In the social work profession’s Code of Ethics, a standard exists for “cultural awareness and social diversity,” and it emphasizes that social workers must possess a certain degree of understanding, knowledge, and education about their clients’ backgrounds, including race, ethnicity, color, sex, sexual orientation, gender identity, age, and religion, among others, in order to provide appropriate services (National Association of Social Workers, 2017). Because social workers serve clients in a variety of fields, including child protection, this ethical mandate signifies that when social workers serve CSA victims and their families, they must be equipped to do so in a manner that is culturally informed.

When considering services for CSA, the topic of cultural distance becomes particularly important because children and families come into contact with a wide variety of professionals, who may have very different views on CSA as well as varying degrees of experience in working with different client populations. Additionally, the nature of CSA carries a great deal of stigma, which means that those who seek services are highly vulnerable to retraumatization from the beginning (Sánchez, 2017). This makes it especially important for providers to be aware of and sensitive to the clients' identities, existing power dynamics, and structural inequalities so that providers can serve clients appropriately and without causing additional harm.

This work is also important in thinking through what child protection looks like in different countries and the impact of international policies on topics such as CSA. As Lidchi (2003) discusses in her work on child protection in Bolivia, it can be incredibly difficult to translate international standards on child protection to services at the local level, particularly given different views that exist on families and childhood as well as the capacity and infrastructure of different organizations. By shifting the center of analysis to Peru, rather than transferring ideas that originated elsewhere to the Peruvian context, this study aims to generate culturally informed knowledge and ideas for contemplating and addressing cultural distance in CSA services.

OVERVIEW OF CHAPTERS

This project includes a conceptualization of key topics, methodology overview, results from the provider interviews, a caregiver's narrative, and the conclusion. In chapter two, I present a conceptualization of three topics that are important to the reader's understanding of CSA and my results: violence, childhood, and victimhood. The chapter begins with a discussion of theories on violence, focusing on what constitutes structural, state, and sexual violence and

how gender, race, and class influence the perpetration of violence. Next, I consider what childhood means in Peru, specifically by looking at policies that have been created to promote child protection. I reference the ways in which some well-intentioned policies and institutions that purport to protect children do not quite do so, especially when considering aspects of Peruvian culture and common views on sex and sexuality. Finally, I analyze the concept of victimhood, including who can be considered a victim based on their identity and reaction to acts of violence, as well as alternate terms for “victim.” This analysis incorporates critical race and feminist theories to frame the discussion, emphasizing that power and inequality are present not only in the conditions that create violence but also in the systems that determine which children can be considered victims and which children receive services.

In chapter three, I provide an overview of the research design and methods that I used to collect and analyze my data. This chapter provides insight into how and why I developed this study, including my stages of planning, preliminary research, and the challenges that arose for me. I focus on the challenges that I encountered as a white, female researcher from the United States, conducting international fieldwork in my second language. The challenges related to my positionality and identity taught me a great deal about myself as a social work practitioner and researcher, and they reiterated to me that researchers have a unique influence on the knowledge that they produce, by the mere fact that we all bring pieces of ourselves into the spaces we occupy and the work we carry out.

Chapter four summarizes the results of my interviews with twelve service providers from governmental and nongovernmental organizations in Lima, who discussed their professional opinions on what causes CSA, their organizations’ philosophies for serving CSA clients, and the various intervention services offered to CSA victims and their families. In this chapter, I focus

on the way in which the differences between providers and clients leads to cultural distance and othering, which influences providers' beliefs about CSA, the services that their organizations develop to address CSA, and the philosophies regarding what CSA victims need to heal and access justice. I also note the similarities between organizational culture and the dominant discourse in Peruvian society about violence and inequality.

Chapter five is the caregiver narrative, in which I share portions of the caregiver interview that I conducted, interspersed with supporting literature and comparisons to the provider interviews, which touch upon some similar themes. I begin by highlighting what this interview experience was like for me as a researcher and emphasizing that even a single interview can provide invaluable insight into what families potentially face when seeking support after their child has experienced CSA. The mother in this interview alludes to themes such as secrecy and the disclosure process, difficulties in making police reports and navigating the criminal justice system, justice, victim-blaming, and mothers' feelings of responsibility when their children suffer CSA. I end the chapter by sharing thoughts that arose for me during this interview and throughout my study, in which I contemplate what justice and healing can look like for a family in this situation.

My final chapter concludes by summarizing what this work means and how it can be applied both in research and social work practice. It includes recommendations offered during my interviews with providers, who shared with me what they believe would improve CSA service delivery. This chapter also highlights the uniqueness of conducting research in an international setting as well as the limitations of this particular study. Perhaps most importantly, this work aims to illuminate the challenges of cross-cultural service delivery and the ways in which cultural distance can manifest, even when providers work within their home countries or

with communities that they know fairly well. Therefore, my hope is that this research can be used to inform service providers in Peru as well as in many other places so that CSA services can be delivered in the most effective, culturally informed manner possible.

Chapter Two: Violence, Childhood, and Victimhood

INTRODUCTION

In this chapter, I present a conceptualization of the terms violence, childhood, and victimhood in order to frame my discussion of child sexual abuse (CSA) in Peru.⁷ I explore different definitions of these concepts and how they have been used in various contexts, with a specific focus on the Peruvian context. In this conceptualization, I apply critical race and critical feminist theories to illuminate the ways in which race, ethnicity, gender, class, and sexuality intersect to make one more or less vulnerable to violence as well as more or less likely to be considered a victim. These theories also allow for a deeper examination of the power dynamics that lead to the use of violence and the creation of policies that fail to serve certain groups of individuals.⁸

This conceptualization aims to show the ways in which ideas about violence, childhood, and victimhood converge in the complex problem of CSA. As I examine the different levels of violence and the conditions that create violence alongside different notions of children and definitions of victimhood, I intend to show that CSA entails much more than an act of physical harm perpetrated against an individual child. Indeed, CSA involves violence that occurs on a variety of levels, before, during, and after the abuse. CSA is also perceived differently depending on the identities of both victims and perpetrators. The intersections between the three concepts presented in this chapter are important in developing a nuanced understanding of what CSA

⁷ I have chosen to write a conceptualization chapter, rather than one focused purely on theory, because the understanding of these main concepts is a critical foundation for understanding the results that follow.

⁸ As discussed in Delgado and Stefancic (2001), critical race theory underscores the connection between race and power, positing that racism is inherent and normalized in modern society, making it difficult to address and overturn. These scholars also argue that people of color possess a unique voice and that storytelling of one's own reality is a useful tool for bringing issues of race to light. Similarly, critical feminist theory focuses on power and justice, exploring gender oppression along with other forms of oppression and advocating for critical self-reflection by those in positions of authority and by scholars who conduct critical feminist research (Glesne, 2016).

looks like in Peru and how intervention services can meet the needs of children and families affected by CSA.

In the sections that follow, I examine theories and conceptualizations of different forms of violence and their origins in order to broach the questions of what CSA is and why it occurs. Next, I explore the concept of childhood, including how children in Peru are conceptualized through policies that aim to protect them and how these policies may or may not reflect the general population's views on children. This chapter concludes with an analysis of victimhood, focusing on the questions of who are considered victims and why, as well as taking into account the appropriateness of the term "victim."

VIOLENCE

A number of scholars in Peru, throughout Latin America, and in other parts of the world have theorized about what constitutes violence (see: Scheper-Hughes & Bourgois, 2004; Garmendia Lorena, 2016a; Skurski & Coronil, 2006; Farmer, 2004). Although its exact definition varies, scholars have begun to acknowledge that violence includes "assaults on the personhood, dignity, sense of worth or value of the victim" (Scheper-Hughes & Bourgois, 2004). Scheper-Hughes and Bourgois (2004) describe violence on a continuum that can manifest in different ways, including poverty and social exclusion, which physical violence alone does not fully capture. This description represents a departure from definitions that focus on violence as an act of physical harm, as these scholars posit that the "social and cultural dimensions of violence are what gives violence its power and meaning" (Scheper-Hughes & Bourgois, 2004). Garmendia Lorena (2016a) explores the conditions under which violence occurs and argues that all humans possess the capacity to commit as well as to reject violence. The conceptualization of violence as more than physical and as extending beyond the act itself is especially useful for the

present study on CSA because it shows that sexual violence encompasses more than the incidents of abuse. Indeed, violence takes place through the conditions that allow CSA to occur and potentially through the responses from individuals and organizations following the abuse.

Conditions that create violence

Thinking about what constitutes violence requires a discussion of the conditions that create it. Violence occurs on multiple levels: individual, family, community, and state or structural (Garmendia Lorena, 2016a; Skurski & Coronil, 2006). Individuals and groups may perpetrate acts of violence directly, by causing physical, psychological, or verbal harm to another person or group. Gutmann (2007) posits that different manifestations of violence tend to have roots in power and control: those who wield power exert violence upon those who are not in positions of power. The exertion of power may take place on the macro-level, which tends to manifest as state or structural violence, or on the micro-level between individuals. In terms of the former, states assert their authority by exercising legitimate forms of violence over their citizens (Skurski & Coronil, 2006). State violence may be quite obvious, such as a nation waging war to conquer another, or it may occur in everyday ways that aim to maintain the status quo or a sense of order, such as governmental corruption or a failure to address certain social problems (Scheper-Hughes & Bourgois, 2004; Garmendia Lorena, 2016b). The state may use colonization practices and the discourse of modernity as a guise to exert violence over people whom it deems inferior or “uncivilized.” We see evidence of this type of violence throughout Latin American history, as the cycle of colonization began with other countries using violence to colonize countries such as Peru (Viveros-Vigoya, 2016). In this way, violence often begins as a large-scale power struggle and permeates different aspects of society.

State violence is closely linked to structural violence, which is violence exerted systematically and indirectly, embedded in our routine interactions (Farmer, 2004). This type of violence deprives certain people or groups from having equal access to the conditions and resources that they need to preserve their well-being. Garmendia Lorena (2016b) references crime rates, poverty, and negligence in maintaining public transportation as forms of violence woven into the fabric of Peruvian society. These acts constitute violence because they create problems, inequality, and suffering, primarily for members of lower socioeconomic classes. In relation to CSA, structural violence can manifest in a variety of ways, such as the failure to provide sufficient reporting mechanisms or support services to help families deal with the aftermath of abuse.

State and structural violence also create the conditions for other forms of violence to occur on the individual, family, and community levels. Violence that has been deemed acceptable or commonplace on a broader scale—such as violence used during times of war—can trickle down and begin to affect interpersonal relations. In other words, violence that began on the macro level often spills over into families and communities, leading to physical violence among individuals (Bourgois, 2004; Boesten, 2014). Mara Viveros-Vigoya (2016) introduces readers to the continuum of violence in Latin America, in which populations that have been colonized, disempowered, and otherwise subordinated through state and structural violence react by perpetrating interpersonal violence in their communities and households. Sometimes the connections appear to be quite direct—for example, when the state employs sexual violence as a weapon of war, rates of sexual violence tend to rise even outside of that particular context (Boesten, 2014). However, sometimes the connections are subtler, as we see with the structural violence of racially segregated, economically disadvantaged neighborhoods in which individuals

begin to enact violence upon themselves and their own communities as a reaction to their oppression (Bourgois, 2004). While the manifestations of interpersonal violence vary, these examples show the link between unequal power structures that create social oppression and the perpetration of violence among individuals, families, and communities.

Studies of sexual violence have shown that violence manifests in a variety of direct and indirect ways (Martin, 2005). In cases of CSA, the most obvious manifestation of violence occurs in the act of abuse itself, in which an individual directly perpetrates violence against a child. However, violence can also be perpetrated through the systems and structures that fail to protect individuals and provide support in times of need (Garmendia Lorena, 2016b; Boesten, 2012; Martin, 2005). Viewing violence as multidimensional reveals that there may also be indirect perpetrators, such as family members, friends, or service providers, who interact with the victim, and they can cause harm by failing to protect those who were victimized or by (intentionally or unintentionally) revictimizing them (Martin, 2005). Revictimization may occur at the individual level, through providers who fail to work competently or appropriately with victims, or at the structural level, through the overall lack of adequate service provision (Alcalde, 2014; Boesten, 2012; Martin, 2005). Therefore, violence can occur on multiple levels and at different time points throughout a CSA victim's life, making it a complex form of violence to understand. It also has the potential to affect many more people besides the child who was abused, including family members, friends, and community members (Campbell, 2002). In subsequent chapters, I discuss these ideas further and explore the degree to which existing CSA services may or may not guide victims and their families towards healing and justice.

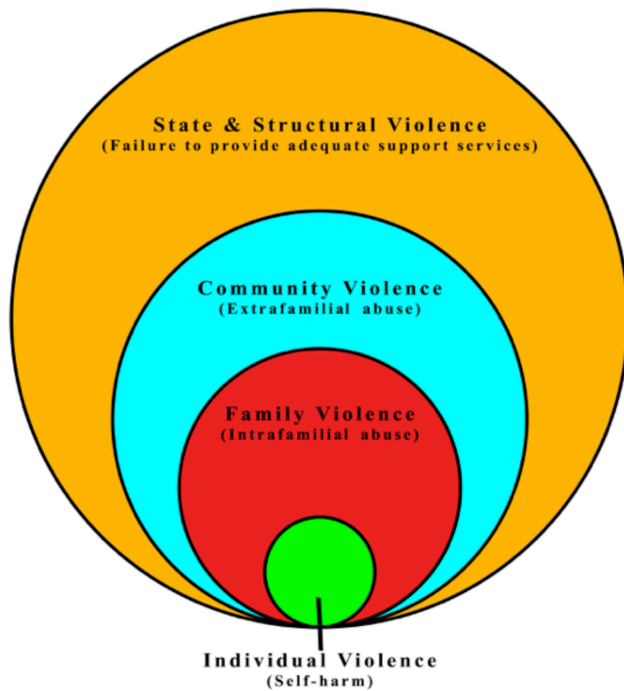


Figure 4: Levels of violence with CSA-related examples.

Gender, race, and class

When discussing the perpetration of violence, it is important to underscore how one's identifying characteristics may put them at a higher risk for experiencing violence. Although state and structural violence may affect everyone to some extent, groups such as women, people of color, and indigenous peoples have felt the effects more heavily. In her work on violence against women in Peru, Boesten (2012) explores the many ways in which women are victimized by the state, "ranging from insults to injury in its hospitals, health centers, and schools" and the overall disinterest in women's security. Scholars have also theorized about how not only gender, but gender expression, can put individuals at risk. Research on masculinities has found that men who feel powerless and alienated as a result of social inequalities may act violently towards women and men whom they perceive to be effeminate, in an effort to regain a sense of power (Viveros-Vigoya, 2016; Gutmann, 2007). Another key factor that can drive men's violence

towards women is that men may respond violently to the shifts in gender roles that have taken place over time in their communities (Blitchtein-Winicki & Reyes-Solari, 2012; Canessa, 2012; Gutmann, 2007).

In addition to gender, one's race and class can also place them at higher risk for experiencing violence or for being ignored or not believed after they have suffered violence. Boesten (2014) posits that, in Peru, social inequalities based on the intersections of race, class, and gender make it not only possible but acceptable to enact violence against women—specifically women of color, indigenous descent, and low socioeconomic status. Because these women are oppressed and marginalized, not only is there a tendency to ignore the social inequalities that they face, but it is also justifiable for men and others to be physically violent towards them. Through his work with indigenous peoples in the Andean region, Canessa (2012) has found that some men insult women using racial slurs during incidents of domestic violence, revealing that the “political economy of whiteness” is present in intimate relationships and can manifest through violent acts. In instances where Andean men abuse their wives, this author hypothesizes that the men act out the racial hierarchy that is present in the larger societal context, in which indigenous women have less value than those who are white or *mestizo* (Canessa, 2012).⁹ Scholarship on gender, race, and class has important implications for who is considered most at risk for experiencing any form of violence, including sexual violence and CSA. It also has implications for how those victims will be treated after they have experienced violence. This discussion continues in the following chapter, as I present my interviewees' beliefs about rates of

⁹ These statements are not intended to assert a causal link between people of color, indigenous descent, and low socioeconomic status and rates of violence. Rather, they are meant to show the way in which racism, sexism, and classism that are present in society can also be acted out in individual relationships. Additionally, gender, race, class, and ethnicity have an impact on which victims are most likely to be believed and supported, as chapter five will discuss.

CSA among indigenous girls and women as well as the way in which providers deliver intervention services to these populations.

Sexual violence

While sexual violence does share a number of traits with other forms of violence, it remains different from the other types of violence. It most certainly has connections to power dynamics, race, and gender, but literature that focuses specifically on sexual violence also explores the influence of sexuality and desire. First, Boesten (2014) notes that colonizers have frequently regulated women's sexuality as a means of control during the colonization process, targeting nonwhite and darker-skinned women as needing the highest degree of policing over their sexuality. This work reveals that sexual violence is reproduced at the interpersonal level as a means of cementing existing inequalities and hierarchies. Canessa (2012) argues that sexual desire for indigenous women is based not necessarily on sexual attractiveness but on the "erotic of power." Furthermore, Ann Stoler's work on intimacy and imperialism reveals that, during colonization in the West Indies, rape laws were race-specific, making it possible for a white woman to be raped according to the legal definition, but not a woman of color. Essentially, sexual assault was only viewed as violence when a person engaged in relations with someone whose racial background should have prohibited the two from having any intimate relations. Thus, sexual violence became a concern not necessarily because of its inherently violent nature, but because it signified a transgression of social boundaries (Stoler, 2002). A crucial lesson to be gleaned from these works is that characteristics such as race, class, and gender not only place one at higher risk of violence but also serve as determinants for whether a violent experience can be considered "sexual violence" by societal and legal standards.

In Peru, the body of literature tends to focus on extrafamilial CSA as well as the physical violence component. A greater amount of research exists on sexual exploitation, while studies on sexual abuse—commonly thought to imply an intrafamilial component—remain scarce. It is also worth noting that the majority of data on sexual violence in Peru has been gathered from hospitals and involves physical violence and injury (Escalante-Romero et al., 2012). In some cases, these distinctions serve to create a hierarchy of violence, with researchers claiming that one form of violence is more egregious than another, or that victims of one form of violence are more vulnerable than victims of another. These considerations are important in thinking through how sexual violence is conceptualized and addressed in different social and cultural contexts.

CHILDHOOD

Analyzing some of the key ways in which violence affects children specifically provides further insight into the topic of CSA. In order to engage in this discussion, a deeper understanding of the concept of childhood is required. I explore the way in which children are conceptualized in Peru by examining both the formal policies that have been created and enacted for child protection as well as some of the “informal policies,” or the commonly held beliefs about children and how they should be treated.

The seminal policy for children in Peru is the *Código de los Niños y Adolescentes* (Child and Adolescent Code), first drafted in 1992 and enacted into law in 1993. The most recent version of the Child and Adolescent Code declares children (defined as persons under the age of twelve) and adolescents (persons between the ages of twelve and eighteen) to be subjects of rights and protections (Congreso de la República del Perú, 2000). It is noteworthy that the Code conceptualizes children as subjects of rights, rather than adhering to the common discourse that delineates them as objects without agency (O’Connell Davidson, 2005). With regard to the

protections stipulated, many involve keeping children and adolescents free from violence and exploitation. While it does state that children should be protected from torture and forced labor, the Code has been widely criticized by nongovernmental organizations for not specifying protections against corporal punishment. The Code's failure to prohibit corporal punishment recently resulted in the passage of Law 30403. Nevertheless, it is important to consider the extent to which the general population has espoused the values that the Code and Law 30403 seek to emphasize.

Despite these policies' purported commitment to keeping children safe from violence, the general public may not necessarily share that view in all cases. This appears to be true particularly when addressing violence against children by their caregivers. High levels of violence towards children persist throughout Peru, and many times, it occurs within the household (Ministerio de la Mujer y Poblaciones Vulnerables & UNICEF Perú, 2016). Violence against children as well as other forms of family violence have become normalized, due in part to mothers' frequent experiences of abuse themselves (Alcalde, 2014). Adults in various parts of the country, including Lima, have reported that they believe that corporal punishment is acceptable to use in their parenting practices (Burela, Piazza, Alvarado, Gushiken, & Fiestas, 2014). The types of physical discipline vary and range from light to severe, but they remain common among families (Benavides, Jara Almonte, & Ponce de Leon Marquina, 2015; Gage & Silvestre, 2010). Similarly, the policies that aim to protect children from sexual violence seem to ignore the fact that children are at the highest risk for sexual violence by their family members (Ministerio de la Mujer y Poblaciones Vulnerables & UNICEF Perú, 2016). While the Child and Adolescent Code does state that children should be protected from trafficking, prostitution, and exploitation, sexual violence in the form of intrafamilial CSA is not included (Congreso de la

República del Perú, 2000).¹⁰ This raises questions about the presence of effective interventions to address both intrafamilial and extrafamilial CSA.

The tendency to focus on extrafamilial violence makes sense when one considers how child protection policies have been developed in Peru. In 1996, then-president Alberto Fujimori created the Ministry for the Promotion of Women and Human Development and designated it as the governing body to oversee children's issues, and despite the Ministry's nominal change to Ministry of Women and Vulnerable Populations (MIMP), it continues to oversee children's issues and child protection. Housing child protection under the umbrella of women's issues, though, may be problematic. This conflation of women's and children's issues has caused children's rights to be "feminized" and viewed as viable only when exercised in the context of their mothers or families. Indeed, Boesten (2012) found through her research that the MIMP aims to preserve the family more than protect women's or children's rights. Furthermore, because the MIMP has been perceived as having a small budget and a low level of authority in terms of governmental organizations, this shift may have led to a lower degree of prioritization with regard to children's rights (Luttrell-Rowland, 2012; Barrig, 2001). All of these factors increase the likelihood that violence against children occurring within the family context will be overlooked.

In addition to the aforementioned policies, the *Código Penal* (Criminal Code) in Peru provides insight into the ways in which children and child protection are conceptualized, specifically through stipulations regarding sexual violence. Enacted through the Ministry of Justice and Human Rights, the Criminal Code was last updated in 2004 to include a more detailed mention of sexual violence and the consequences for adults who sexually abuse

¹⁰ Various NGOs have proposed revisions to the Child and Adolescent Code so that it includes sexual violence in more complete and specific terms. At the time during which this was written, though, no revisions had been approved.

children. It currently warrants different punishments depending on the degree of physical injury caused by the abuse, the type of sexual abuse, and the victim's age, with the most severe punishment being life imprisonment for the rape of a male or female child under the age of ten (Peña Jumpa, 2012). Creating a hierarchy based on these variables is problematic for several reasons. First, it suggests that younger children are more vulnerable and deserve more protections. It also suggests that violence causing physical injury is more damaging than other types of abuse. Although abuse and violence are often just as harmful among adolescents, and psychological and verbal abuse can be equally as traumatizing as physical violence, the Criminal Code's levels of punishment raise questions as to whether or not there is a comprehensive understanding of and concern for all forms of CSA and its effects.

It is also worth considering the extent to which the criminal justice system can provide healing and justice for children and families affected by CSA. While seeking punishment for perpetrators through the legal system is often recognized as the most appropriate solution for crimes such as CSA—both because it potentially removes the perpetrator from society and validates the victim's experience of having suffered a grave offense—it is just one model of what justice can look like. In fact, societies have chosen to manage sexual violence in a variety of other ways; practices among indigenous populations, for example, focus on restorative justice and can lead to an increased sense of healing for victims and their communities (see: Ross, 1996; Sawatsky, 2009). Thus, the fact that the Criminal Code exists as the only defined path to repair damage after CSA suggests a limited understanding of how CSA can cause trauma for children, their families, and even their communities, which may require more than a criminal justice response.

Children and sexuality

In addition to the formal policies regarding child protection, there are also commonly held beliefs about the need to take extra precautions to protect children, specifically young children, from sexual abuse. This particular concern related to children being victims of sexual abuse is due in part to Western beliefs about sexuality and the desire to preserve children as pure, innocent, and asexual. Children are frequently believed to be fundamentally different from adults in terms of sexuality in order to preserve simultaneously the social relationships and adult-child binaries to which we are accustomed (O'Connell Davidson, 2005). However, the desire to preserve children as innocent and asexual often leads to the denial of children's human sexuality and the decision to shield them from any education about sex and sexuality. As a result, this approach can backfire, placing children at increased risk for inappropriate sexual behavior and even sexual violence. These beliefs may also contribute to the overall stigma and secrecy surrounding CSA.

Scholarly works from Mexico suggest that the way adults and families discuss (or avoid discussing) sexuality can have a significant impact on children and even on rates of CSA. Through her research on incest in Mexico, González-López (2015) has found that many families have a limited understanding of children's sexuality and often ignore it altogether. She discusses "family cultures of rape," which are "the gendered beliefs and practices that are conducive to rape" and upheld by families. Such beliefs and practices include the sexual objectification of females, internalized sexism, parental ownership of their children, and the desexualization of children (González-López, 2015). These cultural beliefs lead adults to devalue children, treating them as if they exist only to serve adults. The desexualization of children may lead adults to shield children from discussions about sex and sexuality because they do not deem that

information applicable. Children's lack of knowledge about sexuality, together with the notion that they must serve and obey adults, can heighten their vulnerability to incest (González-López, 2015). In this way, denying or ignoring children's sexuality ultimately harms them and contributes to a larger social problem that is difficult to eradicate.

Scholars in Peru have also found that discussions about sexuality are discouraged, and this avoidance can elevate children's risk for abuse. Children and adolescents are generally expected to be innocent and asexual because the recognition of children's sexuality contradicts the values that are often revered in Peru. Since the majority of the population in Peru identifies as Catholic, people tend to assign high value to purity, modesty, and sexual restraint (Instituto Nacional de Estadística e Informática, 2008). Guerrero (2013) provides further examples of the way in which children's and adolescents' expressions of sexuality are considered unacceptable through her discussion of a law that criminalized sexual relations between consenting adolescents, ages fourteen to eighteen. Although it was later overturned, any type of sexual behavior between adolescents was considered sexual abuse, which demonstrates society's general disapproval of even healthy, consensual expressions of sexuality among young people. Additionally, Peña Jampa (2012) specifically references the repression of sexuality and children's lack of education about their bodies and sexuality as factors that may contribute to incidence of sexual violence in Peru. Thus, the insistence on viewing children's and adolescents' sexuality as inappropriate makes it increasingly difficult to have open discussions about healthy sexuality, and subsequently, to discern what constitutes a violation against one's body and how to address it.

VICTIMHOOD

In this final section, I examine the various facets of victimhood, including the terminology used to describe victims, the criteria that designate one as a victim, and the impact of gender, race, ethnicity, and age on a person's ability to be perceived and classified as a victim. It has become evident to me that there are many limitations regarding the way in which scholars as well as direct service practitioners conceptualize victims. Indeed, it is important to consider the reasons for which certain individuals are perceived as victims while others are not and to remain aware of the impact that these perceptions have on one's ability to access support.

Victim label

Throughout my work, I have chosen to use the term "victim" to describe individuals who have experienced CSA. However, it is not necessarily the term that all people would select. Despite the importance of being able to identify when a person has been wronged, the use of the term "victim" has sparked controversy. O'Connell Davidson (2005) acknowledges this debate when she states that people, including children, can be "victims of victimhood," noting that the victim label causes them to be socially constructed as objects rather than subjects. In many ways, the conceptualization of children as objects coincides with the long-held belief that children are the complete opposite of adults: passive, incapable of making rational choices, and without agency or the capacity to express themselves fully, including healthy expressions of sexuality.

Therefore, in debating the usefulness of applying the victim label, and to which children it should be applied, it is important to be mindful of the ways in which such labels can be helpful or harmful. It is necessary to develop a nuanced understanding of childhood, victimhood, sexuality, and sexual abuse and the ways in which they are intertwined. O'Connell Davidson (2005) mentions repeatedly throughout her book that we should be wary of placing individuals

into strict categories, and this example serves to reinforce her point. It raises the question: is there a way to avoid blaming children for CSA while simultaneously acknowledging their agency, sexuality, and all the various dimensions of their personhood?

One way to approach this question is to take cues from the individuals themselves regarding how they would like to be identified. The people who have experienced sexual violence, for example, might describe their own experiences in a way that does not match with the dominant discourse but provides useful insight into how they view the issue. González-López (2010) explores the various terms related to sexual violence, including victim, survivor, and *superviviente*. Coined by one of her research participants, *superviviente* lacks a direct translation to English but “seems to convey the idea that people with these stories might not be survivors or victims but rather human beings with a special capacity to successfully embrace life in spite of excruciating life experience” (González-López, 2010). Centering the voices of those who have experienced CSA allows researchers and other professionals to understand sexual violence more fully and to learn how to advocate for and serve this population in a helpful manner.

Criteria for victims

In seeking to understand both victimhood and childhood in Peru, it becomes clear that only certain children are perceived as victims of violence. Historically, determining who can be considered a victim of violence is not as simple as identifying the person or people who had been affected. On the contrary, determining whether or not one has been victimized involves many other variables, such as gender, race, and age. Determining who may be considered a “victim” depends upon not only the event that the person experienced but whether or not they meet the criteria that others would expect them to meet. According to Strobl (2010), the “ideal” victim is innocent and helpless (characteristics often associated with young children), does not provoke

the perpetrator in any way, and makes a police report immediately. In addition, the ideal victim will likely have suffered serious, oftentimes physical, injury and will seek professional help to overcome any trauma associated with the experience. As Appignanesi (2009) asserts, the notion that a child could experience curiosity or physical pleasure during an act of abuse is unfathomable; any such experience would imply that the child provoked the abuser. Strobl (2010) also discusses the time-limited nature of victimhood—that victims are expected to heal from their experiences within a certain period of time—and the notion that one’s victim status depends largely on the person’s ability to communicate about and cope with their experience according to societal norms and expectations. In this way, members of society essentially evaluate and label what they perceive to be someone else’s experience, deciding the extent to which that person should be deemed a victim.

In thinking through these criteria, there are multiple ways in which they play a role in the conceptualization of CSA and CSA services in Peru. Applying the criteria of complete innocence leaves little room for the overlap of roles that frequently occurs with CSA, such as when a victim has also been a perpetrator of sexual abuse or some other form of violence. Additionally, the aforementioned criteria make it nearly impossible to conceive of a victim who is an older, relatively self-sufficient child or adolescent; a child who does not exhibit external signs of trauma or suffer from physical injury; or a child or adolescent who experienced curiosity or even a physical sensation of pleasure during the abuse. These criteria also call into question the issue of reporting, since presumably those who do not report (or do not report immediately) would not be considered victims.

The limitations of the “victim” criteria are problematic for several reasons. First, children who have had different physiological and emotional reactions to abuse may feel guilty for not

having suffered in the way that society often depicts abuse, and it may be difficult for them to disclose their experiences and receive the support they need (Appignanesi, 2009). Second, the criteria fail to recognize the plethora of reasons for which a person might not report CSA, such as lack of accessible reporting mechanisms and the fear or reluctance to engage with the authorities and organizations that receive reports. Finally, these criteria obscure the trauma that the victims' loved ones often experience because the criteria center a single victim and their direct experience, rather than accounting for the ways in which CSA can disrupt and affect the entire family unit. As Campbell (2002) discusses, the trauma of sexual violence has a "ripple effect" that extends to those who surround and care for the victim, so any discussion of victimhood, particularly in cases of sexual violence, should include more than the individual who was directly affected. When thinking through what intervention services can look like, these points are especially important to consider.

Gender, race, and ethnicity

Gender, race, and ethnicity hold significant implications for who is considered to be a CSA victim. Traditionally, female children have constituted the "typical" CSA victim (O'Connell Davidson, 2005). While young girls may be the most common victims, boys are indeed victimized as well—particularly if they present as effeminate in their expression of sexuality (González-López, 2015). However, González-López (2015) also notes that, in boys' experiences of incest, the boundaries between consent and coercion appear to be more blurred than in girls' experiences, which can make it difficult to ascertain who is a victim of abuse and who is not. Due to this complexity and to the CSA discourse that dictates that only girls can be victims, a cycle occurs in which certain children's narratives are silenced. Thus, it has become

urgently necessary to broaden our perspective on gender, sexuality, and sexual violence, so as to understand the different types of victims and determine how to support them.

Race and ethnicity must be viewed in conjunction with gender and sexuality because the intersection between all of these identifying variables serves to complicate the idea of victimhood even further. As discussed previously, Ann Stoler (2002) illuminates the ways in which one's racial background has played a key role in determining if they could be a victim of sexual assault. González-López (2015) discusses the influence of race as well, expounding on the link between race and sexuality through the concept of pigmentocracy. Pigmentocracy refers to the idea that those with darker skin tones are often hypersexualized and at higher risk for sexual abuse. Using examples of children in her work, González-López (2015) asserts that this hypersexualization based on race leads others to believe that children of color provoke abusers and are at fault for their own abuse. In effect, it is considered acceptable to violate darker-skinned children because such children are typically viewed as transgressors rather than victims (González-López, 2015). These research findings depict the ways in which children can be directly punished for their expressions of sexuality and for their skin color. Moreover, the concept of pigmentocracy demonstrates that even the mere perception that adults may have about certain children's expressions of sexuality, whether or not those perceptions prove to be true, may place a child at increased risk for violence and revictimization, as evidenced by society's failure to acknowledge that nonwhite children can in fact be victims of sexual abuse.

Peruvian research suggests that some young girls are indeed punished for others' perceptions of their sexuality, given that such children are hypersexualized and more susceptible to sexual exploitation and abuse than others. In the Peruvian Amazon, for example, researchers have noted the high rates of sexual exploitation of women and young girls (Mujica &

Cavagnoud, 2011). Although these scholars posit that the prevalence of sexual exploitation in the Peruvian Amazon is linked to the economic dynamics of the area, it causes one to question whether there is a particular characteristic among indigenous females in the Amazon region that could also make them more susceptible to sexual exploitation. In fact, Barrantes and Gonzalo (2015) discuss the sexual exploitation of adolescent girls in Madre de Dios, another Amazonian region in Peru, claiming that the girls' racial and indigenous features make them appear "exotic," resulting in increasing sexualization, discrimination, and ultimately, sexual exploitation. Suárez-Cabrera (2015) describes in another text the sexualization of young Peruvian girls' bodies, particularly when they are Afrodescendant. Thus, it is possible that Peruvian girls who have Afrodescendant or indigenous backgrounds and do not necessarily fit into the category of "white" may be at higher risk for sexual violence, as described through González-López's concept of pigmentocracy. The question then becomes whether or not those girls would be considered true "victims," based on the fact that they are conceptualized as hypersexual and would likely fail to meet the criteria of innocent, non-provoking victims.

Age

The respective ages of the victim and perpetrator also influence the way in which the "victim" status is designated. When sexual violence occurs within the family unit, it is quite common for adults to blame the child victims as the transgressors. Adults typically consider children to be innocent in many aspects of life until sexual violence occurs, and then, rather than hold the adult accountable, families often blame the child (González-López, 2015). A victim's age can also spark doubt and suspicion regarding their disclosure, subjecting them to lengthy investigative processes aimed at verifying their credibility and finding evidence, because adults question whether children are capable of remembering abuse (Voogt, Klettke, & Thomson,

2017). Once again, it is crucial to consider power dynamics that occur between adults and children and how this may affect a young person's status of being considered a "true" victim, worthy of support services.

CONCLUSION

Literature on violence, childhood, and victimhood provide useful insight into the ways in which people in Peru conceptualize and address CSA. The brief overview of the literature in this chapter illustrates the complexity of violence: manifestations of violence run much deeper than physical injury and extend beyond interpersonal relationships. With regard to CSA, violence occurs at various time points, ranging from the conditions that allow violence to occur, to the ways in which systems and organizations fail to provide adequate follow-up support. Scholarship on childhood and Peruvian policies for child protection reveal a disconnect between the general public's beliefs on how children should be treated and how policies try to understand children as subjects of rights. The literature also suggests a hesitancy to discuss sex and sexuality, which are reminiscent of the silence and secrecy that surround CSA. Exploring the topic of victimhood exposes the limited scope of the "victim" construct, as we see that only certain individuals become classified as victims, depending largely on their identities, behavioral presentations, and degree of proximity to the violent act. The notion of who constitutes a CSA victim undoubtedly influences service delivery, including where services tend to be provided and who the primary recipients are.

This analysis serves as a reminder that power and inequality are present in every aspect of CSA, from the conditions that create violence, to the children who are most affected, to the systems that only recognize and serve certain victims. In analyzing violence, childhood, and victimhood together in this chapter, it becomes clear that CSA represents the convergence of all

three concepts. Understanding the intersection between these key concepts as well as the ways that they manifest in a sociocultural context like that of Peru is essential for the creation of appropriate support services.

In the following chapters, my study aims to build on the existing body of literature in several key ways. First, it explores the way in which CSA is conceptualized, maintaining a broad view of violence and bearing in mind that there is a potential for violence not only during the act of abuse but in the systems that are tasked with responding to victims in an appropriate and competent manner. Second, my focus on intervention services adds a much-needed perspective to the discourse around CSA, given that child protection policies in Peru such as the Child and Adolescent Code state that services are needed but do not specify what those services look like. Lastly, my decision to include a caregiver's narrative highlights the widespread effects of CSA, underscoring that CSA affects the entire family unit and oftentimes the community as well. My hope is that this work can be brought into conversation with not only other scholars but with CSA service providers as well, so that it can be used to inform both research and service delivery.

Chapter Three: Conducting International Fieldwork

INTRODUCTION

“Esto no sale de aquí, ¿verdad?” (“This doesn’t leave here, right?”). I swallowed hard and shook my head, trying to appear calm and collected while assuring my participant that I would keep the information shared during the interview confidential, unless a safety concern arose. It was my first interview and only my second week being in Peru for this project. I had been waiting patiently for over an hour to meet with this participant, who was running late that day. In reality, though, I had been waiting for this moment for several years. Through all of the thinking, planning, hoping, and preparing, I had imagined on many occasions what my first interview would be like. However, I had not expected that response to my second question of the first interview for this project. My stomach knotted slightly as I waited for my participant to continue, and I thought to myself: *Am I really ready to do this?*

International fieldwork is a challenging endeavor. Conducting fieldwork for any research project poses an array of difficulties, both foreseen and unforeseen, but when factoring in the difficulties of doing this work in a foreign country, in my second language, those challenges become exponentially greater. Additionally, my selected research topic is highly sensitive. Despite striving to anticipate and prepare myself for the challenges, I have found that the only real way to learn how to conduct international research is through doing it.

In this chapter, I aim to take my readers on a guided tour of my experience carrying out my thesis research on child sexual abuse (CSA) in Lima, Peru: the stages of planning, including my decision-making process for my research aims, participants, and interview guides; recruitment and sampling procedures; details of my participants; the interview process; and data analysis. I weave elements of my personal experience and identity into different sections, but I

spend time at the end of the chapter focusing more deeply on how this project impacted me and how I impacted this project. I acknowledge and embrace the reality that all research has some inherent bias, and I do not presume to know what this project would have been like for anyone else. I can only speak to my own experience and to the lessons that I learned through my interactions with the individuals who were gracious enough to make time and space for me, speaking from their hearts about the reality that they live on a daily basis.

STAGES OF PLANNING

While the planning and design for this research project formally began in 2016, the idea emerged about two years prior to that time. In 2014, while living and working in Peru, I had the opportunity to meet a group of professionals from the United States who made annual trips to Peru, conducting and participating in trainings focused on CSA intervention services. Having worked in the CSA field in the United States, and having worked with children and families in Peru, I was interested in learning more about how Peruvians were addressing CSA in their communities. Through the connections I made with North American and Peruvian child welfare professionals, I discovered that there was indeed a movement in various parts of Peru to expand and improve CSA support services, but very little research existed on the topic. Thus, I began to explore ways that I could develop a research project with this focus.

The stages of planning, described in further detail below, began with the preliminary research that I conducted in May 2016. Then I decided on the primary research aims, whom to recruit, and the setting. I created my interview guide, along with Spanish translations and the distress protocol that I drafted for use with participants as needed. Although these stages are listed sequentially in the following sections, they do not represent a completely linear process.

Rather, there were times when I revisited certain aspects prior to and during the data collection period, since research projects require continuous reassessment.

Preliminary research

Following my first year of graduate school, in May 2016, I conducted preliminary research by traveling to Lima and a nearby smaller town, Huánuco, to meet with professionals who work on CSA. Meeting with psychologists, social workers, and non-profit organization directors in each location helped me to contextualize CSA in Peru and begin to identify areas of further exploration. This experience revealed several interesting points about CSA in Peru. First, one of the primary organizations working on CSA throughout Peru was planning to shift its priorities by the end of 2016, phasing out intervention services to focus solely on prevention. Thus, if I chose to focus on intervention services, I would need to identify other organizations working on the intervention arm. Second, service providers and administrators were very supportive and emphasized the need for more investigation on this topic. Although research has been conducted on children's rights, physical child abuse, domestic violence, and violence against women (see: Peña Jumpa, 2012; Luttrell-Rowland, 2012; Benavides, Jara Almonte, & Ponce de Leon Marquina, 2015), minimal research exists specifically on CSA and still less on the intervention services after CSA occurs. This knowledge led me to believe that my project would be worthwhile not only for my personal and intellectual goals, but also on a practical level, by providing organizations with information and analyses of the existing problem that they could choose to incorporate into their work.

Deciding on research aims

The period following preliminary research was a time to solidify my research aims, but so many new research questions had been brought to my attention that it was difficult to narrow

my focus. Furthermore, I had not yet been able to grasp the full range of services and how people conceptualize CSA in Peru. The issue of CSA itself seemed so nebulous in my mind that I opted to take a few steps back to explore these two foundational aspects: 1) an overview of CSA intervention services and 2) beliefs about CSA causes and services. Ultimately, I aimed to design a descriptive, exploratory, qualitative study that would allow me to take a broad approach and to develop a basic foundation for understanding CSA services in Peru. As Maxwell (2009) discusses in his chapter on qualitative research design, an exploratory method would help me to generate fundamental knowledge on this topic that future research could build upon. With this in mind, I then developed the following research aims: 1) map the landscape of existing intervention services for children who had experienced CSA; 2) identify providers' perceptions of the beliefs and attitudes that have helped to shape the current state of CSA intervention services in Peru; and 3) elicit families' narratives regarding their experiences in seeking intervention services for their children. In completing these aims, I hoped to generate culturally sensitive recommendations for service delivery models based on the sociocultural context of Peru.

Deciding whom to recruit

In order to fulfill these aims, I planned to interview service providers who worked on CSA and caregivers of children who had experienced CSA. I wanted to have both perspectives because the service providers and caregivers would contribute a different type of knowledge to my project. From the social work perspective, I felt that it was important to honor the different forms of knowledge and insight that each type of participant possesses on this particular topic.

The service provider perspective would be helpful because the providers could explain to me the range of services available for children who had experienced CSA as well as their own

ideas about what has shaped those services. These participants would likely have some knowledge to contribute regarding the history of CSA services and policies that affect service delivery, as well as the availability and structure of services in different parts of Lima. In my attempt to gain a broad overview of the scope of services, this type of information would be quite useful. Additionally, from a practical standpoint, recruiting service providers to participate in interviews about their work and field of practice seemed much more feasible than recruiting families exclusively, given the sensitive nature of the topic and the general question of participants' availability for a research project.

The caregiver perspective would provide insight into the real-life experience of navigating the service delivery systems and what it actually feels like to utilize those services. Including the perspective of a family who has had to access and partake in services is a crucial piece of understanding CSA services, since they have an understanding that most providers simply do not have. Finally, I thought it would be important to elevate the voice of an average family, living in Lima and seeking support for their child. Although caregivers may not have the same training or professional background that the providers do, they too have their own expertise that can teach researchers a great deal about this social problem. Therefore, I planned to interview at least one caregiver who had sought services for their child after they had been sexually abused.

Deciding on the setting

The question of setting posed some challenges for me, as I weighed the advantages and disadvantages of conducting my research in both Huánuco and Lima or how I would choose one area over the other. The decision to focus this project solely on Lima was based on a variety of factors. Since I learned that the organization in Huánuco that focused heavily on CSA would no

longer be offering intervention services, I ruled out that region as a primary focus. While it is true that CSA occurs in all parts of Peru—and many of my interviewees believe that it occurs more frequently in the provinces¹¹—I chose Lima because of its unique role in terms of service delivery, professional training opportunities, and overall accessibility for my research purposes. I knew that in Lima, I would have greater access to organizations as well as to libraries, documents, and other materials to assist with my research. Finally, the level of familiarity and the network of contacts that I already had in Lima were significant factors, considering once again the short-term nature of my data collection period.

Drafting the interview guide

My next step was to consider what I would need to learn from my study participants in order to fulfill my research objectives. What would I need to ask in my interviews that would yield data to shed light on my research aims? Since I had already decided that I wanted to conduct a qualitative study, which would allow me the freedom to explore the topic of CSA more broadly, I knew that I would be addressing my research aims through in-depth interviews with my participants. However, I had to consider the appropriate degree of structure for my interview guide (see the English versions of both interview guides in Appendices A and B).

As Guest, Namey, and Mitchell (2012) explain, the level of structure needed for an interview guide depends on three factors: the research aims, the scope of the research, and the research environment. Because I was planning to investigate a topic that has not been widely researched, it was optimal to have a less structured interview guide. A semi-structured guide provided enough guidance to ensure that I gathered data to address my aims, while allowing

¹¹ In multiple interviews that I conducted, service providers expressed to me that they believe there are higher rates of CSA in the Peruvian provinces, such as the jungle and the highlands, than in the capital city of Lima. They attributed that difference to a variety of factors, including fewer mechanisms for reporting CSA and serving victims, as well as fewer educational opportunities for people in the provinces to understand what CSA is. These ideas are discussed further in chapter four.

ample opportunities to change the order of questions or continue to probe if the interviewee mentioned something unanticipated yet crucial to my research questions. Having flexibility in the interview structure also allowed the participants to guide the interviews; it was not necessary to redirect continuously to make sure that participants only answered specific questions. Instead, with this format, researchers can follow the thread of what participants wish to discuss, learning from them about what they consider to be important about the given topic. In addition, since I was the sole researcher for this project, I was not concerned that having a less structured guide would compromise the integrity of the research or result in confusion, as a semi-structured guide could do for those working with a large research team (Guest, Namey, & Mitchell, 2012). Finally, the semi-structured interview format was helpful in my situation as a researcher from another country who wanted to be able to build rapport during my first meeting with each participant. Thus, I made a list of all of the questions that I thought would be relevant for understanding the dimensions of my research questions, and I organized them into two interview guides: one for service providers and another for caregivers.

A note on terminology

I drafted my interview guides in English first, testing out the questions in my first language with a fellow graduate student. Then I translated the guides into Spanish. As Alegría et al. (2004) discuss in their work regarding the translation of psychiatric assessment measures, translation poses a number of challenges, as researchers must seek to ensure that their translations of measures are culturally relevant, culturally equivalent, and generalizable. The authors further explain that researchers must continuously ensure that concepts are understood across a range of backgrounds and literacy levels (Alegría et al., 2004). In my case, even though I was only planning to interview participants in Lima, Peru, I was well aware of the linguistic

differences that could arise within this small sample. Therefore, I translated my interview guides and then tested my Spanish versions with Spanish-speaking colleagues who knew Peruvian Spanish as well as Spanish from other regions. As part of my investigation into the terminology that Peruvians use when discussing sexual violence, I read various articles written by Peruvian researchers and spoke to Peruvians in the field who had a working knowledge of the topic and related concepts. Despite this preparation, I found myself adjusting the wording of certain phrases throughout my interviews, primarily because words such as “services,” “strengths,” “challenges,” and “organizational philosophy” are commonly used in English, but their exact meanings can be difficult to convey in Spanish. As I became more comfortable with my interview guides, I found ways to reword questions to ensure that participants could provide clear answers.

Creating a distress protocol

Although questions relating to specific incidents of abuse were not a part of my interview guides, I knew that participants’ answers could potentially drift in unexpected directions. In anticipation of participants’ decisions to discuss a particular abuse incident, even without being directly asked, I created a distress protocol in the event that a participant became upset during the interview (see the English version of the distress protocol in Appendix C). This protocol was created with the caregiver interview in mind, since I assumed that the service providers would experience minimal, if any, distress while talking about their work, as opposed to a caregiver speaking about their family’s experience.

Challenges during planning

While making some of these important decisions about my project, I worked to develop new contacts who were working on CSA in Peru to ask them questions, gather resources, and

discuss the possibility of study recruitment. The primary challenge during this phase was being limited to communication over the internet, which often resulted in contacts asking me to follow up in person when I was in Peru. It was difficult to obtain concrete answers and the type of reassurance that I desired at that time in order to ensure that I would receive the necessary support and collaboration to execute this project. I recall sending a multitude of emails, carefully describing who I was, what I hoped for this project, and why I wanted so much to meet with a certain individual or organization. In response, I often received one sentence, asking me to contact them when I was in Lima; sometimes I would get no response at all. I also remember exchanging numerous emails with the director of a nonprofit organization that I was very interested in, and we even arranged several Skype conversations. However, nearly every scheduled Skype session fell through, with the exception of one very brief conversation when the director recommended that I reach out to a colleague of hers. While I do understand that service providers and organization directors are very busy and often cannot agree to invest their time and energy in a project that they barely understand, it was definitely challenging for me to find ways to engage my contacts just enough: without being a burden to them but being able to secure some reassurance that this project would be feasible and worthwhile. For this reason, the planning phase held a degree of uncertainty as I attempted to define more clearly the logistics of my project, including a timeframe for interviews and a general idea of the potential participants.

RECRUITMENT AND SAMPLING

Based on my research objectives, I knew that I would be engaging in a broad mapping exercise to gain a sense of the breadth of providers and organizations that deliver CSA intervention services. I decided that the best way to approach recruitment and sampling in this case would be to employ a site-based sampling method (Arcury & Quandt, 1999). In a way, site-

based sampling begins in the recruitment stages because the first step is for the researcher to create a list of all the sites, or organizations, that could potentially be used for recruitment. In essence, my mapping of the landscape of services began at this point in the process. I began this part while I was still in the U.S. by speaking with Peruvians, conducting internet research, and reading newspaper and academic articles to begin to identify the key players in the field of CSA. I aimed to include legal, medical, social service, and psychological organizations in my list. I also maintained a broad definition of CSA and included organizations that work with commercial sexual exploitation of children as well as family violence.¹² Even after arriving to Lima and beginning to conduct interviews, I continued adding to my list, taking suggestions from each contact that I met and each participant that I interviewed when they told me which organizations they thought I should contact, especially if they were willing to introduce me personally.

Then, the idea is that once a researcher has developed a list of organizations, the researcher secures a contact person at each one and enlists that person's support as a "gatekeeper" to introduce the researcher to the organization and recruit an interviewee. This step was particularly important in the context of Peru because I knew from my prior experience in the country that organizations would likely not allow me to recruit for interviews if I did not have a specific person with whom I had already made contact. Trying to obtain a response and, in the case of state institutions, the necessary approval to interview someone takes significantly longer if one does not have a direct contact person at an organization. In some cases, I already knew someone who was affiliated with a particular organization, but in other cases, I spoke with others in my network to find out if they could introduce me via email to a person at that organization.

¹² I learned at this point that CSA services are generally offered by organizations that work on a variety of issues related to children and families.

Once I had initiated communication and received a response from an initial contact person, I either recruited that person for an interview or was referred to another service provider in that organization whom I could potentially interview.¹³

Because I maintained a broad set of inclusion criteria, I targeted a variety of organizations throughout Lima. Six of the organizations were non-profit, nongovernmental organizations (NGOs) with international sources of funding, whereas six were governmental institutions. Three organizations were branches of larger, international organizations, while the rest were based solely in Peru. One NGO identified itself as a Christian organization, but the others were not explicitly faith-based. The geographic regions covered by the organizations were varied; only two of the organizations limited their scope of intervention to a single neighborhood in Lima. The other organizations, however, had programs and projects in many different parts of Lima, or they represented one branch of a municipal or national institution.

As explained previously, I did find that the majority of the organizations that I recruited for interviews delivered services in the southern cone of Lima, particularly in Valle del Sur, either exclusively or in addition to other locations. Although I had not specifically planned to focus my recruitment efforts there, I became connected through networking efforts to professionals who worked in that area, which provided opportunities for recruitment. In several cases, the organizations had administrative locations separate from the locations where they provided services to the community. Whenever possible, though, I aimed to visit not only the office location but also the area in which work was being carried out. Therefore, I was able to familiarize myself with most of the geographic areas in which services were offered.

¹³ The decision to interview my initial contact person or someone else was a mutual decision, based on the role, availability, and preference of my contact person.

Throughout my recruitment efforts, I aimed to complete between eight and twelve interviews with providers and one to two interviews with caregivers. This estimation was based on previous research indicating that qualitative codebooks tend to stabilize after coding about six interviews, and code saturation can generally be achieved by twelve interviews (Guest, Bunce, & Johnson, 2006). However, Hennink, Kaiser, and Marconi (2017) recommend focusing on meaning saturation, which may require more interviews. As I weighed this information with the practical aspects of my project, I felt internally conflicted about when to cease recruiting participants. I had learned that there were both direct and indirect service providers: various organizations did not specifically identify as providers of CSA services, but worked in some capacity with children and families and ended up trying to meet their needs related to CSA. Additionally, some organizations that identified as providing prevention services occasionally spilled over into intervention service delivery, too. Another reason for my dilemma was that, due to my broad recruitment focus, I received many suggestions from my contacts and interviewees for organizations that could provide insight into this topic. Thus, I felt at several points during my data collection period that I could continue recruiting for months and still not uncover all of the pieces of this puzzle. However, I did my best to recruit from a variety of organizations and professional backgrounds and to focus on the organizations that seemed to be the most well-known in terms of CSA support. Ultimately, my decision to end recruitment was based on whether or not I could answer my research questions. Understanding that there would always be additional information left to gather, especially given the mapping and conceptualization exercise that I had undertaken, I recruited as many of the key players that I could and aimed to collect in-depth information from each participant in order to address my objectives adequately.

In this case, that equated to recruiting one individual from twelve different organizations and one caregiver who had sought services at one of those organizations.

Recruitment challenges

Despite the wealth of support that I received from providers who were willing to participate in this project, it was difficult to recruit from certain organizations. My greatest challenge during the recruitment process was securing an interview with a provider from a *Módulo de Atención al Maltrato Infantil* (MAMIS).¹⁴ The MAMIS were of great interest to me because of what I had read about them, but they appeared to be nonexistent when I attempted to search for them. I had no direct contact who knew where one was located or anyone who worked at one, and when I inquired at large, state hospitals, they did not know what I was looking for and could provide no further information. By the time I was able to locate a hospital with a functioning MAMIS, there was a lengthy process to receive authorization to speak with any of the providers, which ultimately prohibited me from being able to recruit from there. Therefore, I decided to incorporate some information about the MAMIS based on the texts that I had read about them. In a similar vein, I was unable to recruit a professional from the *Defensoría del Pueblo's* (Ombuds') newly established working group on CSA, primarily because it was still in the early formation stages.¹⁵ Despite my concerted efforts, I was unable to find out who was actually appointed to work in the group, and no information was available online.

My recruitment process for caregivers posed some additional challenges because it was not quite as easy to identify individuals who might want to participate. My goal was to rely on service providers to assist me in identifying one or two former or current clients who may be interested in my study. To meet my inclusion criteria, the caregiver had to be a Spanish-speaking

¹⁴ One English translation for this term is Health Service Unit for Child Abuse.

¹⁵ The *Defensoría del Pueblo* is an autonomous entity created to defend citizens' basic rights and to ensure that the State fulfills its obligations.

adult between the ages of 18 and 65 who had sought services for their child after their child had been sexually abused. I began by speaking with only a few of the providers I had interviewed to see if they would be willing to assist with this aspect of my project and to ensure that they understood the aims of my project. By enlisting the support of a select few providers to achieve this task, I sought to obtain referrals only for caregivers who would be appropriate for this study and to minimize the risk of coercion that caregivers might feel upon being approached about this project. My recruitment efforts yielded just one potential caregiver for me to interview, and the provider who recommended this caregiver said that she had given permission for me to contact her directly. I called the caregiver and conducted a brief screening interview to determine if she met my inclusion criteria, whether or not participation in my study would pose any danger to her or her family, and to answer any questions she had.

PARTICIPANTS

As indicated in Table 1 below, I completed a total of thirteen interviews: twelve with service providers and one with a caregiver.¹⁶ All service providers I interviewed were working in Lima at the time of the interview, but various interviewees had had previous experience working with CSA in other provinces of Peru. In some cases, interviews were conducted with direct service providers, while at other times, I met with an administrator or manager.

¹⁶ Additional information about the caregiver can be found in chapter five.

| Characteristic | Number of Participants |
|---|------------------------|
| Female | 10 |
| Male | 2 |
| Psychologist | 5 |
| Social worker | 3 |
| Attorney | 3 |
| Nurse | 1 |
| Government sector provider only | 5 |
| NGO provider only | 6 |
| Both NGO and government sector provider | 1 |
| Peruvian-born ^a | 11 |
| <p><i>Note.</i> A total of 12 service providers participated. Characteristics for the sole caregiver participant are not included in this table.</p> <p>^aOne service provider was born in another South American country but has worked extensively in Peru.</p> | |

Table 1: Study Participant Details: Service Providers.

The service providers were all college-educated, and some had completed professional training in countries outside of Peru, such as Europe or other parts of South America. Based on their educational and professional backgrounds, the providers would be considered middle to upper-middle class in Peru. I do not have the ages and races of all participants because I did not specifically collect that information. However, the approximate age range of my participants was between twenty-five and sixty years of age. In terms of physical appearance, the providers whom I interviewed presented with either fair or light brown skin tones, and several of them identified as being from Lima specifically, a detail that can be linked to racial identity.¹⁷ One provider stated that she speaks Quechua but did not identify as indigenous.

¹⁷ As Nugent (2012) explains, “whiteness” in Peru not only refers to the color of one’s skin, but also to the geographical region with which a person identifies. Jelke Boesten (2014) also asserts that race in Peru is “strongly associated with language (Spanish versus indigenous languages, especially Quechua), geography, education, and dress, in addition to physical characteristics such as height, and the color of skin, hair, and eyes” (p. 4). Having roots in Lima or “*la costa*” typically serves as a way to assert one’s “whiteness.” People from “*la sierra*” (the Andes) or “*la selva*” (the Amazon) may be described as *indígena* (indigenous) and they are typically associated with darker

INTERVIEW PROCESS

Prior to recruiting or interviewing any person for this study, I sought approval from the Institutional Review Board (IRB) at the University of Texas at Austin to ensure that all of my procedures and methods were ethically sound and appropriate. In order to receive approval, I completed an extensive application detailing the background of my study and all data collection, analysis, and storage procedures. The IRB approved my study application in the spring semester of 2017, and I followed the IRB-approved protocols throughout the duration of my project.

When I began conducting interviews, I noticed that the interview process involved a series of interactions beyond the questions on the interview guide. Explaining informed consent and building rapport often began before I even started discussing my interview questions. In most cases, I established contact with participants first by email and then by phone prior to the interview so that I could properly introduce myself and explain the objectives of my study. It was also important to ensure that the meeting place, usually proposed by my participants, would be sufficiently private to hold an interview without significant interruptions or others overhearing sensitive information. While most of my interviews with service providers occurred at their places of employment during the work day, some preferred to meet at an alternate location or at a time when less clients or staff would be present. On the day of the interview, I confirmed our meeting time and place once again to avoid any last-minute changes.

Upon meeting with each interviewee, I reviewed the informed consent document as well as any questions they had. I required only verbal consent for my study participants but provided each individual with a copy of the consent form. Verbal consent provides additional confidentiality and is more culturally appropriate for this context than written informed consent

skin tones. Fuenzalida, Mayer, Escobar, Bourricaud, & Matos Mar (1970) discuss these distinctions further in their seminal text on race in Peru.

(Creed-Kanashiro, Oré, Scurrah, Gil, & Penny, 2005). In order to strive for the highest degree of clarity and accuracy in my interviews, all interviews were audio-recorded. In addition, each interviewee agreed to participate in one to three interviews, allowing space for up to two follow-ups if there was information that was missing or unclear from the initial interview. Of the seven follow-up interviews, four were conducted in person and audio-recorded, while three were over the phone. Handwritten notes were taken during all of the initial and follow-up interviews.

After the interviews, I offered each participant a modest incentive of a few grocery items. Then, I asked them what they had thought of the interview and if they had suggestions for other organizations to contact. Later, I took field notes to reflect on how I had felt during the interview, what stood out to me, and what I noticed about our location, if the location was also a space where clients came for services. After the data collection period concluded and I returned to the U.S., each participant received emails at two different times, updating them on the progress of the project and reminding them that email would be the primary form of communication going forward.

The caregiver interview followed the same format as the provider interviews but with a few differences. First, the interview took place at the caregiver's home. After I had conducted the screening interview, and the caregiver agreed to schedule a full interview, we arranged to meet at the municipal building in her district and then go to her house, to ensure an added layer of comfort and accessibility for her. Second, the informed consent process was more extensive, perhaps because she was not as familiar with the research process as the providers had been. I reviewed aspects of the study with her at various times, including during the initial phone call and in person before the interview, attempting to be as transparent and thorough as possible. She began to reveal some of her story to me a few times before she had officially given verbal

consent and prior to starting the audio recording, causing me to redirect her to ensure that she wanted to participate before we spoke in-depth about her experiences in order to minimize the amount of repetition in the information she provided. Third, I enacted the distress protocol for this interview and provided her with a brief list of resources. My distress protocol was adapted from Draucker, Martsof, and Poole (2009), and I had created it in anticipation of the increased level of difficulty that caregivers might experience in discussing their family's firsthand experience with CSA. I also drafted a list of three phone numbers for free services that the caregiver could call if she was feeling distress after the interview. I called her the day after the interview to express my concern for her well-being and remind her of follow-up resources. Finally, taking cues from the article by Kaiser (2009) about alternative approaches to consent and confidentiality, I consulted with the caregiver about how she would like her information to be represented in my final research product, including the pseudonym she would like me to use for her. These steps seemed to be useful in helping the caregiver not only to understand but also to have a more active role in the research process.

ANALYSIS

After completing data collection and transcribing all of my interviews, many different ideas were swimming through my mind with regard to analysis. An initial look at one of my interviews left me with thoughts about an endless amount of themes to analyze. How could I possibly condense all of this rich data? Which themes would I focus on in my analysis? Most importantly, how would I do justice to all of this information in my analysis?

Guest, MacQueen, and Namey (2012) highlight the complexities of qualitative data analysis, stating that this type of analysis often requires a meticulous review of the data and a high degree of interpretation by the researcher in order to extract and explain the most pertinent

pieces of information. According to their explanation, exploratory studies like the one that I was conducting are “content-driven” in their analysis, meaning that the researcher collects and reviews the data multiple times before generating any themes for a more targeted analysis. The thematic analysis that follows focuses on “identifying and describing both implicit and explicit ideas within the data.” Then researchers choose codes to represent the themes for analysis; the codes also serve as markers within the text, allowing the researcher to return to selected passages for in-depth analysis.

In my study, there were many different themes that I could have chosen to analyze, but revisiting my research aims and original hopes for the product that this project would yield helped me to narrow down my options. I developed a qualitative codebook based on four main categories: services, causes, philosophy, and recommendations. “Services” include any codes related to the ways in which organizations intervene; “causes” refer to the ideas that participants have regarding why CSA happens and continues to happen; “philosophy” indicates the beliefs that drive the creation and delivery of CSA services; and “recommendations” signal what is needed to improve services and thereby reduce the incidence of CSA in Lima. With these categories in mind, I recorded a total of forty-three codes that I would apply to each interview. I opted to keep a longer codebook rather than become preoccupied with trying to collapse smaller codes into umbrella themes. Given the large number of codes, I made two passes at each interview to account for all of them. Much of my analytical work occurred during the coding process, as I took copious notes on each code and recorded my thoughts and questions about each one. As I reviewed my codes and notes later, I discovered new ways to organize and group the codes to condense my results. Tables 2 and 3 provide excerpts of the codes related to “causes” and “philosophy,” respectively.

| <u>Code</u> | <u>Definition</u> | <u>Example</u> |
|-----------------------------|---|---|
| Socioeconomic status | income, educational background, or insufficient resources cause abuse to happen or prevent families from stopping it | “...violence generally happens, mostly in places in big cities like Lima—Lima is one of the cities with, let’s say, the highest levels of poverty, especially on the outskirts.” |
| Community lack of knowledge | community members do not know where to report abuse or look for help; do not know what constitutes CSA | “some children have not been taught how to identify [perpetrators]” |
| Normalization of violence | refers to violence and abuse as normal and accepted; may include cultural differences in which certain communities normalize violence or see it as part of life | “Because of machismo, sometimes family violence was considered natural.” |
| Stigma | abuse happens or continues because there is a stigma in the family or community and they do not want to discuss it or seek help | “Sometimes the family refuses to let the child go through the medical exam and let the whole world find out.” |
| Secrecy | keeping a secret about CSA because victim or family does not want to reveal it or hurt the abuser | “Sometimes it’s hard for the family to report if [the abuser is] the dad or a beloved member of the family; sometimes they keep it amongst themselves.” |
| Gender inequality | abuse occurs or continues because of gender inequality, gender roles, or toxic masculinity | “What really stands out is this machista, patriarchal culture that is still a part of our society, it is still cultivated, and it contributes to sexual violence against women, specifically, against girls.” |

Table 2: Providers’ beliefs about the causes of CSA.

| <u>Code</u> | <u>Definition</u> | <u>Example</u> |
|--------------------------------|---|---|
| “el interés superior del niño” | belief that the child's best interest should be considered and should come first | “The children are our priority...we have to work well with them, clear up all of their questions, and be the kindest that we can be to them.” |
| Healing | indicates that the child needs certain things in order to be able to recover and heal; refers to damage that requires healing | “If she doesn’t see that the person has been reported or sentenced, her healing will take longer. If she sees that he has been reported, that they are going through the process, then her healing will be quicker.” |
| Justice | indicates that justice and access to justice are important and necessary for resolving CSA cases and for child's recovery | “[W]hen a girl or boy has been a victim of rape and a complete violation of rights and they cannot find the mechanisms or conditions to recoup those rights, then that is when we begin to have serious problems with access to justice.” |

Table 3: Providers’ descriptions of organizational philosophy for serving CSA victims.

Analysis of the caregiver interview differed from that of the provider interviews because it was intended to serve as a case study that would provide an interesting and informative juxtaposition to the data yielded by the provider interviews, whether it supported or contradicted their statements. Since only one caregiver interview was completed, I opted to analyze it in a narrative format, using it as a microcosm of what other families in Lima may experience after CSA. Whether or not it is generalizable to all experiences is irrelevant; rather, analyzing it as a stand-alone case is valuable because it allows a more intensive analysis and helps to accomplish my aim of giving voice to the real-life experiences of a family. This type of “empirical intimacy,” as Sandelowski (2010) calls it, permits a re-casing or redefining of the case study,

through which researchers revisit case studies over the course of the project (and perhaps beyond), depending on what they hope to glean from it. The case study framework and the concept of re-casing has been useful to me because I was not entirely sure what I would learn from this particular caregiver interview and how I would conceptualize it until I had time to sit with my data much later in the project.

POSITIONALITY AND REFLEXIVITY

Prior to conducting this project, I could not have anticipated all of the complications and intricacies I would face as an international researcher. Alternatively, I could not have guessed the number of invaluable lessons that I would learn from this unique experience. Several of the challenges and lessons were a result of the complicated nature of international fieldwork, while others were closely linked to my identity as a white woman and native English speaker from the United States pursuing a graduate degree. Since I believe that reflexivity is of the utmost importance in research, I meticulously wrote memos before, during, and after data collection and analysis in order to remain aware of how this work affects me and how I affect this work. I have aimed to embrace what Reason (1988) calls “critical subjectivity,” and what the social work field would term “self-awareness,” through which we recognize the knowledge, experience, and worldview that we each possess and incorporate it in our process of investigation. Rather than striving to eliminate it or viewing it as a weakness, we can acknowledge and embrace it, remembering that our biases are natural, and raising awareness about them improves our work.

One of the most obvious hurdles that I sought to manage throughout this project was the fact that I am not Peruvian, and I was conducting this project as a foreign researcher. Although I had lived in Peru for three years prior to this study, I did not have an in-depth understanding of all of the systems that interact to provide CSA services. At times during my interviews,

participants would refer to institutions or legal codes that were unfamiliar to me, and I had to strike a balance between asking enough questions to understand what they meant and not derailing the entire interview to focus on a single law or organization they had mentioned. If I had grown up in Peru or been in the field long-term for this project, I may have had additional opportunities to learn about these aspects and entities that are a part of the way that Peru functions. Nevertheless, I had to work within my circumstances and seek to understand as much as I could about the wide array of systems and institutions by reading materials and asking questions.

In a similar vein, as a fluent but non-native Spanish speaker, I had to become accustomed to some of the nuances in Peruvian Spanish that were specifically related to language about sexual violence and CSA. Having spent several years in Peru, I did have the advantage of being familiar with much of the terminology used, but I had to consult with others to understand the deeper implications of some seemingly vague terms, such as “*violentar*” and “*abusar*.” I learned to recognize that certain terms were used mostly for intrafamilial abuse cases, whereas others were more commonly linked to sexual exploitation. I learned in my few first interviews that precision of language was extremely important in my interview questions, and I gradually began to understand the way that interviewees would respond to the use of certain terms.

Conducting this project in Peru during a ten-week period also reminded me that the concept of time functions differently, depending on where we are in the world. Allocating approximately one hour for each interview presented some challenges. I felt rushed when it came to establishing rapport with interviewees, since my participants seemed to value the personal connection and wanted to have time to get to know me before delving into the questions. With regard to time in the broader context of Peruvian society, I was quickly reminded of the fact that

some tasks tend to take longer to complete in Peru, whether it is fighting city traffic in Lima to arrive at an appointment or waiting for authorization to be able to interview at a specific organization. Without my personal contacts who helped to connect me with different institutions and providers, it would have been extremely difficult to secure the number of interviews that I did, simply because bureaucracy is a very real challenge in Peru, and I likely would not have been able to get through all of the necessary channels within ten weeks.

On a more personal level, another challenge that I encountered was due to my role as a social work researcher, in which I straddled the line between my training as a researcher and that as a clinical social work student. Explaining my role became especially difficult when interviewees learned that my academic background is in psychology and social work, which led them to believe I might provide some type of therapeutic service. Particularly during the caregiver interview, I had to be clear with my interviewee and with myself, resisting the urge to treat our interview as a therapy session. While it is important to create a connection with participants and show empathy at times, it was essential for me to establish boundaries and adhere to my role as a researcher. However, distinguishing between my roles as researcher and social worker raised questions for me, as I began to wonder which set of skills would be most beneficial to my participants and the communities where I interviewed. Would I have been more useful to participants if I were there as a social worker or therapist rather than as a researcher? Although creating a hierarchy among roles is probably not a worthwhile practice, I think it is important to consider what researchers can give back to participants that will truly benefit and be of use to them.

In addition to my questions regarding the usefulness of my role as a researcher, there were moments when I felt concerned about participants and faced ethical dilemmas about what I

could do for them. As several participants disclosed sensitive information about themselves and others, I experienced a mix of emotions, ranging from sadness and helplessness over my inability to change the situation, to guilt over my privileged position that would allow me to walk away unscathed by these stories. Despite my use of clinical skills to assess my participants' levels of distress and to help ensure their safety after the interviews, I was reminded once again of the limitations of my role. As DeLuca and Batts Maddox (2016) describe, reflexivity and awareness in research is crucial, but this increased awareness of injustices and inequities does not necessarily remove them. Researchers must still face the unpleasant reality that we are limited in the type of immediate support and intervention we can provide when interacting with individuals and communities who are undergoing difficult situations. However, there are steps we can take to be respectful of participants and to ensure the well-being of ourselves and our participants while we are in the field and after we complete our research. Qualitative research constitutes emotion work in many ways, and we must strive to remain aware of our very human responses to the suffering and injustices that our participants disclose to us (Dickson-Swift, James, Kippen, & Liamputtong, 2009). In my case, I was very fortunate to have professors and colleagues with whom I could discuss my ethical dilemmas, conflicting feelings, and my sadness from time to time. It was in those moments that I felt a renewed commitment to this project and to the field of social work practice.

Without a doubt, this project led me to reflect a great deal on my personal worldview, including the ways in which I perceive others and the ways that they perceive me. I had to remind myself continually to be aware of my privilege as a researcher and graduate student from the United States and to be attuned to power dynamics that could occur between Peruvian service providers, caregivers, and me. In essence, I had to be aware of the cultural distance that existed

between my interviewees and me. When I originally began drafting ideas for this project and included my desire to generate recommendations for service providers, I realized that I would need to take great caution so as not to impose my beliefs on others. It was important to me from the beginning to resist imposing my beliefs and to avoid appointing myself as an expert on CSA who would instruct Peruvians on the “right” way to provide services. I also did not want anyone to feel coerced to participate in my study, which I emphasized when I enlisted the help of service providers in recruiting for my caregiver interview. I noticed, however, that some of the individuals with whom I interacted throughout this project did want to defer to me at times, particularly because I was a person from the United States pursuing advanced academic degrees. Nevertheless, I did my best to represent myself and my capabilities truthfully, aiming to promote a collaborative style with participants.

There were indeed moments at which I felt that participants viewed me as a person of privilege based on the language they used with me. During some of my interviews, I noticed that interviewees who appeared to be much older than I was referred to me as “*usted*,” a more formal version of the word “you” that is typically used to show respect for someone older or in a position of authority. I myself had received different words of advice from my Peruvian friends on whether I should use “*usted*” or the informal “*tú*” when speaking with participants, but I tended to address my interviewees with “*usted*” unless I felt sure that they were comfortable with the more informal language. Regardless of how I spoke, though, participants varied in their approaches to addressing me either formally or informally. I also noticed that participants usually spoke about me in my presence as an “*extranjera*,” meaning “foreigner,” which was a diversion from “*gringa*,” as I was accustomed to being called in Peru. Although both of those terms

describe a person from another country, “*gringa*” often carries a connotation of endearment in Peru, whereas “*extranjera*” struck me as more detached and distant.

At the same time, I was also aware of the ways in which my identity as a female may have influenced my interactions with other people throughout my study. The men whom I interviewed or contacted for other help tended to respond to me with openness and eagerness, but in some instances, I sensed a patronizing tone. The women whom I contacted presented as very kind—in a natural way, neither patronizing nor very formal—but some of them were a bit hesitant to speak with me or to facilitate communication between their colleagues and me. Interestingly, though, the women who did pass along additional contacts and resources did so with an unparalleled genuineness, following up with me frequently to ensure that the process went smoothly. Thus, it seemed to me that once I was able to overcome some participants’ initial skepticism, they were incredibly generous and even committed to the success of my project.

CONCLUSION

In this chapter, I have sought to shed light on the process that I undertook to conduct this research project, highlighting the intricacies and challenges of international research. As much as I had read and thought about qualitative research prior to this study, I could not fully anticipate the complexities of this project until I began to do it. I quickly learned, for example, that even with my prior experiences and established network in Peru, it was still challenging to make contact and maintain communication with various individuals and organizations, particularly when I was not in country. It still required time and effort to determine the most appropriate terminology for my interview questions, even though I was fluent in Spanish. I also became aware of the level of self-reflection that this project continuously required of me, whether I was contemplating how to interpret my participants’ comments, how to balance my roles of social

worker and researcher, or how to find the internal motivation to continue talking and thinking about CSA, particularly during the moments when I felt lonely or sad. All of these instances have led me to understand that research is driven as much by our intellect as it is by our emotional experience of being in the field and navigating all that fieldwork entails.

This process has prompted me to reflect on the ways that my identity affects the work that I produce. As a non-Peruvian, native English-speaking, white, female researcher from the United States conducting fieldwork in a community that is not quite my own, but one that I deeply value and respect, I have thought a great deal about the different dimensions of my positionality. I was aware of the cultural distance between my participants and me and the characteristics that made me an “outsider.” In some cases, researchers who are “outsiders” contribute a unique perspective that “insiders” do not always recognize. Additionally, as Nancy Naples (1996) explores in her work, the “insider” and “outsider” categories “are ever-shifting and permeable social locations that are differentially experienced and expressed by community members.” Furthermore, researchers are constantly in the process of renegotiating their relationships with the communities where they work. In my case, when I engaged in casual conversations with participants or noticed the similar professional interests I shared with service providers, I recognized that were some ways in which I could be considered an “insider,” at least in some sense.

Despite the fluidity of these categories, one of the risks that researchers run while conducting international fieldwork in a community that is not their own is that of overgeneralizing, oversimplifying, and othering the community. Therefore, I have also contemplated how I can share knowledge about other individuals and communities in a just way. Lila Abu-Lughod’s (1991) concept of “ethnographies of the particular” has been instrumental in

helping me to think through ways to present my data so that it would not seem like a sweeping generalization about all of Peru. Indeed, the intention of this project is not to generalize about the experiences and perspectives of all providers and caregivers throughout Peru, nor is it meant to place blame. Instead, through my work, I intend to provide a glimpse into the ideas and themes that can contribute one more small piece of knowledge to this complex puzzle of child sexual abuse. In this way, researchers and practitioners can continue building networks of collaboration and working together to make a difference for children and their families.

Chapter Four: Mapping the Landscape and Cultural Distance

INTRODUCTION

In my study, I sought to map the existing child sexual abuse (CSA) interventions in Lima and to identify providers' perceptions of the beliefs and attitudes that have helped to shape the current state of those intervention services. This chapter reveals the key findings related to those research aims. My investigation of CSA services and of the views that providers hold about CSA has led me to uncover two important facets of CSA service delivery in Lima. First, I have been able to understand more clearly the connection between what providers believe to be the causes of CSA, the services they provide, and their organizational philosophies about how to serve CSA victims. Second, I have learned that some degree of cultural distance exists between the providers I interviewed and the communities that they serve. This cultural distance influences the providers' views about what causes CSA and how they should deliver services to those affected by CSA. My findings illuminate the way in which cultural distance manifests in the service delivery process and the impact it has on the policies and services that have been created to address CSA in Lima.

In this chapter, I start by describing providers' explanations for why CSA happens, including individual problems that the perpetrators experience, socioeconomic status of either the perpetrators or victims, a lack of knowledge about what CSA is, normalization of violence, and faults of the victims' or perpetrators' mothers. I also discuss the providers' beliefs that CSA functions as a cycle due to the stigma and secrecy that surrounds this issue. Then I provide an overview of the existing CSA services, which I have categorized as identification of CSA, investigation, orientation, follow-up support, and policy and training. Finally, I discuss the organizational philosophies that drive CSA service provision, highlighting what providers

described to me regarding how they serve the best interest of the child and promote healing and justice for families. In this section, I also underscore the impact of organizational culture, positing that organizational culture clearly influences the way in which individual service providers perform their roles, and the culture of the organizations where I conducted my interviews seems closely linked to the values and priorities of Peruvian society as a whole.

The conceptual map in Figure 5 below serves as a visual guide for the key elements in this chapter. The figure depicts the principal differences between the providers I interviewed and the clients in the communities where they work, according to what providers reported and other information I have gleaned about the communities. The difference between the providers' cultures and backgrounds and that of the clients whom they serve leads to cultural distance. As Yan (2008) discusses, when providers come from different educational, socioeconomic, racial, and perhaps linguistic backgrounds, a tension exists between providers' values and beliefs and those of their clients. Smith (2005) also explains that organizations often prioritize the recruitment of staff with ample professional knowledge over those who possess firsthand knowledge of the local communities, which can result in the hiring of staff who do not represent or share commonalities with the communities they serve. The cultural distance that occurs then leads to "othering," by which providers conceptualize their clients as fundamentally different and oftentimes inferior.

The distancing and othering that occurs between providers and clients influences service development and provision in key ways. My data reveal that othering leads providers to believe that the problem of CSA is a problem with the clients and their communities. This belief, in turn, leads to services that prioritize investigation and policy work with a focus on criminal justice, as well as orientation for educating communities. Similarly, the organizational philosophies tend to

focus on the need for justice through punitive means, with little support or resources dedicated to other forms of healing. In the following sections, I expand on each of these points in greater detail.

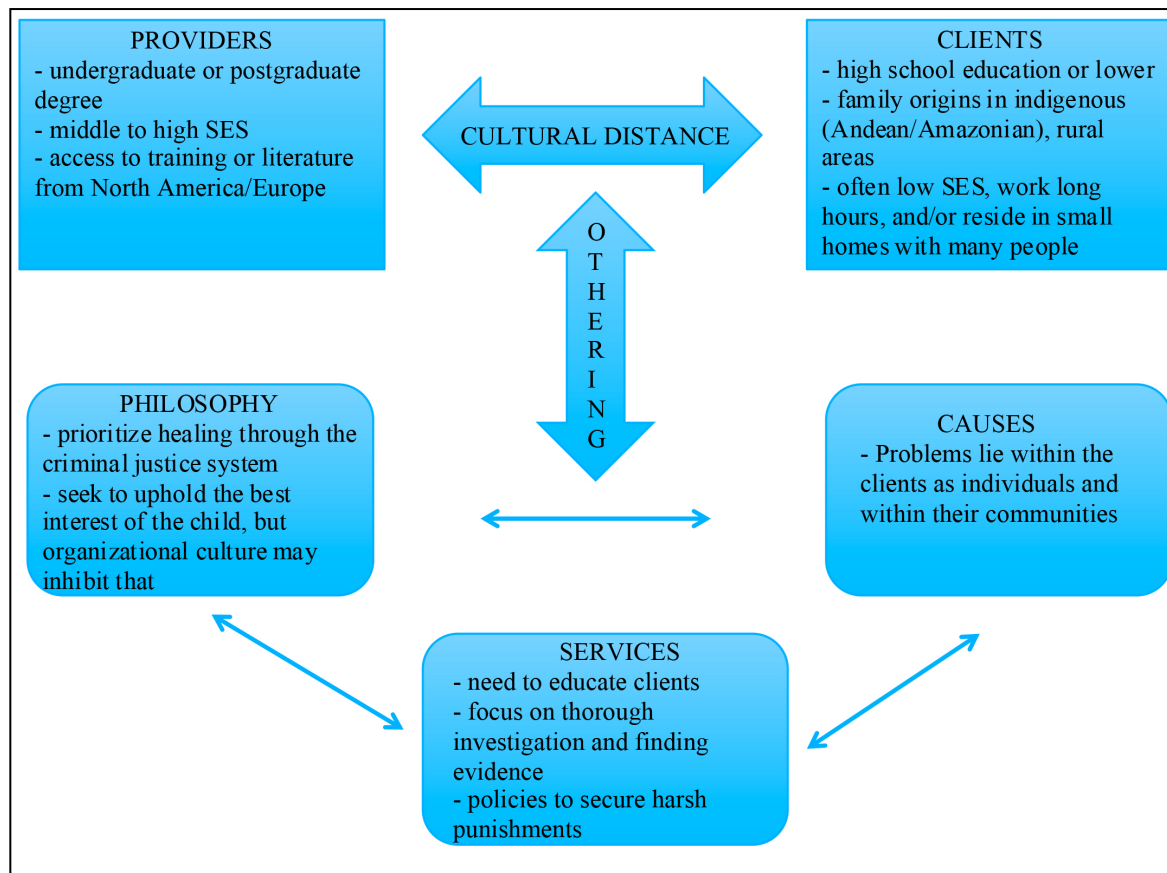


Figure 5: Conceptual map of central argument. This map depicts the cultural distance between providers and clients, which leads to othering and impacts other aspects of service delivery.

CAUSES: WHY CSA HAPPENS

Service providers offered a variety of explanations for why CSA initially happens. In some cases, service providers cited the personal problems that could lead an individual to become a perpetrator, such as mental illness or use of controlled substances, both of which can cause a perpetrator to act violently or inappropriately. In other cases, providers discussed aspects of the community in which the perpetrators and victims live that can lead to higher rates of CSA,

such as low socioeconomic status, lack of knowledge about CSA, and the normalization of violence. In the following sections, I describe providers' beliefs about why CSA occurs, with a particular focus on the providers' perceptions of the communities that they serve. I also highlight the notion that various providers expressed about CSA as a cycle enshrouded in secrecy and stigma that has continued due to the lack of reporting and overall absence of discussion about CSA.

Medicalization of sexual violence

Several providers asserted that CSA occurs because the perpetrator suffers from mental illness, substance abuse, or the trauma of being a past victim. For example, one interviewee remarked that those who sexually abuse children have a "perversion," and another stated that "they may not be at 100% of their mental capacity." A psychologist discussed the possibility that perpetrators may have suffered childhood trauma, either because they were abused themselves or did not develop secure attachments with their mothers, which would have helped them to grow up with a healthier understanding of interpersonal relations. A social worker agreed that oftentimes, the abusers are former victims, but she added that "with sexual violence, there is a lot of drug and alcohol use." These explanations reveal that some providers believe CSA happens because certain individuals exhibit violent behavior due to personal problems that they have, rather than considering it a manifestation of broader problems in the community or society.

Socioeconomic status

Some of the providers brought up their clients' socioeconomic status (SES) when asked about the causes of CSA, explaining that poverty leads to higher rates of CSA. According to one provider, CSA happens more often in low SES communities, "in households with precarious living conditions," where multiple people share small, intimate spaces like beds. Other providers,

however, rejected that notion, stating that CSA happens across all socioeconomic levels. This claim tends to be supported by CSA literature, which has found that poverty often serves as a risk factor for physical abuse and neglect, but CSA happens across all SES (Putnam, 2003; Pereda et al., 2009). One government official shared that people tend to hear about CSA more frequently when it occurs in low SES communities, but in reality, it happens everywhere. Still another interviewee explained that oftentimes, when an affluent perpetrator abuses a child of a lower SES, the perpetrator is able to afford an attorney who can help clear their name, but the victim cannot afford legal support. An NGO provider explained that she initially thought that children and adolescents became victims of sexual exploitation because they lived in poverty and wanted money, but she has since learned that adolescents become involved with sexual exploitation because they have low self-esteem, or they do not have a consistent role model or caregiver.

Lack of knowledge

Some providers discussed low SES in the context of lower educational attainment and a general lack of knowledge, claiming that CSA occurs because people do not know what constitutes CSA. For example, one provider stated that the community where she works “is a population with few resources, where many people have not completed high school, so they do not have the educational level or training to understand [CSA].” She went on to say that caregivers often confuse abuse with affection; because physical touch is common in their culture, parents may tell their children that a family member is merely showing their love by touching the child in an intimate way. Another provider said that communities need to change their thinking around how to “care for themselves and their bodies,” and that Peruvians overall require more education about respecting female bodies. Nevertheless, the idea that community members

simply lack the knowledge to be able to identify an act of CSA does not adequately capture what is occurring. For one, it became clear through my interviews that providers maintain certain stereotypical beliefs about the communities they serve, describing them as less educated people who operate by very different societal standards, in which violence is natural and normal. Additionally, the communities served by these providers may not lack knowledge about CSA so much as they have become entrenched in a cycle of violence that permits CSA.

Othering indigenous communities: violence as “normal”

At times, providers discussed the normalization of violence throughout Peru, while in other cases, they described their perceptions of indigenous communities, including the belief that indigenous communities normalize violence.¹⁸ Normalization of violence can engender CSA because when communities and families see violence as typical or even acceptable, rather than abhorrent, they allow it to happen. As discussed previously, violence exists on a spectrum, and there are forms of state, structural, and interpersonal violence that have become pervasive throughout Peru. According to a nurse I interviewed, gender inequality and sexual violence have become imbedded in Peruvian society:

[W]e have all been raised in a society that covers up violence.... Our society's imaginary still says that if a woman resists, don't believe her because she always 'wants it.' ...[Changing that] goes beyond norms; it's about how a person has been socialized....[I]t is part of the way that they approach life, this paradigm one has about how a woman should dress, where she should be, and what she should do.

¹⁸ The use of the term “indigenous” throughout this chapter is based on interviewees’ usage of “*indígena*.” There are many diverse indigenous communities throughout Peru, and this term is not meant to homogenize them. Rather, it is meant to capture the way in which providers used this single term to describe people and their communities, without specifying any particular indigenous community or region.

Although providers acknowledged that violence is normalized to a certain extent in all parts of Peru, many indicated their belief that indigenous cultures subscribe to violent traditions and belief systems more frequently than non-indigenous Peruvians. This was especially true when providers discussed the origins of sexual violence as linked to machismo. The providers' definitions of machismo included not only "men's dominance over women" but more specifically, "a product of sociocultural ancestral patterns," with roots in the parts of Peru that are primarily indigenous, such as the Amazon or Andes. One social worker discussed working in a Peruvian province with a largely indigenous population by stating, "[T]he life there is full of violence. The machismo is really intense, it is firmly rooted there, and women suffer a lot more."

Providers also stated on multiple occasions that people of indigenous or native communities hold very different beliefs and that they see sexual contact between adults and children as natural, thereby normalizing sexual violence. As an explanation for why CSA occurs, one lawyer stated that in Peru, "we have some distorted indigenous and native traditions. ...[I]n those communities, it is seen as natural for a father to initiate his daughters sexually." A social worker noted that, according to indigenous traditions, "when a young girl starts to menstruate, she can be given to any man." Although indigenous communities may subscribe to different beliefs about adult-child relations and the construct of childhood, this does not necessarily mean that they condone practices of sexual violence. Nevertheless, providers' use of these beliefs as an explanation for CSA implies that providers perceive a link between indigenous traditions and sexual violence. Other providers described more explicitly that CSA is "natural" among indigenous community members, expressing that more CSA services are needed in the areas where indigenous communities live. These assertions suggest that providers perceive CSA to be

a problem in indigenous communities because community members hold beliefs that precipitate and normalize sexual violence.

While there is no evidence that communities in the Andes or Amazon of Peru are inherently more violent, such communities have endured structural violence for much of their history, which can ultimately lead to higher rates of interpersonal violence, as Bourgois asserts (2004). Additionally, Boesten (2014) argues that “[g]endered violence is not a cultural characteristic of Andean people, but an expression of historically shaped hierarchical difference at national scale in which indigenous women occupy a particularly vulnerable position.” Therefore, providers’ beliefs that indigenous communities have normalized sexual violence because they are fundamentally different people with different beliefs is questionable. Instead, it may be the case that indigenous communities have normalized violence as a result of their multiple experiences with various forms of violence over the course of their history. This is an important distinction because it affects the way in which providers conceptualize CSA intervention services and deliver them in communities with indigenous backgrounds. It is also important because providers’ implications that CSA happens in indigenous communities because the people are simply more violent carries a sense of blame for the people who form part of those communities.

Mother blaming

Not only did providers imply that indigenous community members are responsible for CSA because they normalize it, but some also stated that mothers have some degree of responsibility for failing to protect children from CSA. A social worker told me that “it is the responsibility of the mother or father or caregiver to care for and protect the child” and that CSA happens because caregivers are negligent in allowing neighbors to watch their children when

they go out to work in the fields all day. Other providers mentioned that mothers neglect to address CSA in their families because they rely on the abusers for financial support. One psychologist expressed more explicit blame, stating that “we see that [the sexual abuse] has become a cycle, and we ask the mother, ‘why didn’t you report it? You could have prevented your daughter’s abuse.’ It’s a mother’s responsibility, right?” These comments obscure the relevant societal factors and the structural violence that caregivers face, such as their personal experiences of violence and gender inequality that often lead women to believe violence is typical and to be expected. These statements also ignore the very real struggle that mothers face of having to provide for their families while protecting their children from harm. Although it makes sense to hold parents accountable for protecting their children, these comments conceal the greater challenges that mothers encounter that make it exceedingly difficult to navigate incidents of CSA.

CSA as a cycle: stigma and secrecy

Several of the providers offered as an explanation for ongoing CSA that people often know that abuse has occurred, but they choose to remain silent. The shame and stigma surrounding CSA is closely linked to the secrecy that enables continued perpetration of CSA. Thus, it may be the case that the families do indeed know that what occurred was wrong, but they avoid addressing it further because they do not want to be associated with the stigma. As one psychologist explained, CSA should be classified as a “community mental health problem because everyone knows about it, but everyone keeps quiet.” In one psychologist’s experience:

[S]exual abuse is characterized by a lot of fear and is very hidden...as if it were the biggest sin. ...[V]ictims have stayed quiet because [they were abused by] people very close to them or in their families, and they were threatened not to tell.

This claim is supported by research, which asserts that parents and other family members are the most common perpetrators of sexual abuse, contributing significantly to the stigma around the issue (Escalante-Romero et al., 2012; Ministerio de la Mujer y Poblaciones Vulnerables & UNICEF Perú, 2016). In addition, providers voiced thoughts that they themselves, their colleagues, or community members have about CSA that can contribute to secrecy and stigma, including the belief that children could not experience physiological pleasure during CSA—a belief that can lead children and adolescents to blame themselves and stay silent if their experience was different. Frequent references to CSA victims using feminine pronouns during my interviews and in CSA literature may also represent the belief that boys are rarely victims, increasing the stigma around CSA incidents involving male victims. Therefore, victims and families may internalize the stigma and harbor fears about revealing CSA. They may also find it difficult to make the decision to report CSA to the authorities or to locate services that are understanding of their concerns and experiences. As a result of the stigma and secrecy, the cycle of CSA is able to continue.

The aforementioned causes illuminate the providers' perceptions of the communities that they serve, since the causes include characteristics of the communities themselves. Although a few of the causes point to problematic traits of the individual perpetrators, such as mental illness, or substance abuse, many of the causes mentioned are associated with broader societal concerns, such as impoverished living conditions, gender roles, and power differentials. The providers' perceptions about the normalization of violence among indigenous communities indicate a tendency to stigmatize and pathologize certain populations, believing that they are responsible for high rates of violence. It became evident throughout my interviews that providers incorporate these beliefs, perhaps subconsciously, in the services that they develop and deliver to clients.

SERVICES: HOW ORGANIZATIONS INTERVENE

The beliefs that CSA providers and professionals maintain about what causes CSA influence the intervention services that they create and deliver. Because many of the causes reflect the belief that the problem of CSA lies within the community—due to the perpetrators’ individual problems, faults within the family, or a lack of knowledge or education—CSA intervention services in Lima focus on providing education, investigating cases thoroughly, and securing justice through the criminal justice system. Specifically, my data show that services such as identification, investigation, orientation, and policy work tend to be more available than long-term, follow-up support services, such as psychotherapy. I also discovered through my site-based sampling and data collection that very few organizations focus exclusively on CSA; rather, CSA services are typically offered by organizations that are dedicated to women’s or family issues, such as family violence more generally, except for several organizations that focus on trafficking and sexual exploitation. Table 4 contains brief descriptions of the categories of services along with examples of organizations that provide each one.¹⁹

¹⁹ Information regarding the general services offered by the Peruvian governmental institutions listed in Table 4 is available via the websites of each agency, as part of the public domain:

<https://www.mimp.gob.pe/homemimp/direcciones/dgna/pagina-dgna.php>

<https://www.mimp.gob.pe/homemimp/direccion-investigacion-tutelar.php>

<https://www.mimp.gob.pe/homemimp/centro-emergencia-mujer.php>

<http://www.inabif.gob.pe/portalweb/index.php>

<https://www.mpfm.gob.pe/fiscaliadelanacion>

<http://www.minsa.gob.pe/?op=51¬a=26896>

| <u>Type of service</u> | <u>Definition</u> | <u>Example</u> |
|------------------------|---|---|
| Identification | Initial contact with client; assessment of need and risk | <i>Defensorías</i> (DEMUNA), <i>Centros de Emergencia de la Mujer</i> (Women's Emergency Centers), and various NGOs |
| Investigation | Official collection of data and evidence for the case | <i>Fiscalía</i> and <i>Dirección de Investigación Tutelar</i> (Department of Guardianship Investigation) |
| Orientation | Provision of information on processes and procedures; safety guidelines to prevent further abuse | Various NGOs and the <i>Unidad Central de Asistencia a Víctimas y Testigos</i> (Central Assistance Unit for Victims and Witnesses) |
| Follow-Up Support | Psychotherapy; case management; legal support; medical support; placement in shelter or temporary housing | Various NGOs, <i>Ministerio de Salud</i> (Ministry of Health), INABIF, <i>Unidad Central de Asistencia a Víctimas y Testigos</i> |
| Policy & Training | Advocacy for new policies; strengthening of existing systems; training for providers | <i>Ministerio de Salud</i> , <i>Ministerio de la Mujer y Poblaciones Vulnerables</i> (Ministry of Women and Vulnerable Populations), and various NGOs |

Table 4: CSA intervention services in Lima.

Identification

Although I have distinguished between “identification” and “investigation” in my mapping of services, there is considerable overlap between these concepts, with “identification” as the first in a multi-step investigative process. The “identification” code reflects in part the providers’ belief that, because the communities they work with have less knowledge and education about CSA, it is important to verify the facts about what happened and secure credible

forms of evidence. Through the data I gathered, I was able to see that CSA intervention services center on seeking and obtaining a punitive sentence for the perpetrator.

In my study, “identification” aims to capture one of the first points of contact with children after CSA allegations. This may occur before or after a formal report has been made, bearing in mind that not all children make formal reports and, if they do, various entities accept reports. I found through my data collection that providers who work in medical settings, family violence organizations, and nonprofits that focus on child welfare are often involved with the identification stage, in which they gather preliminary information from the child and/or caregiver about the alleged CSA and then refer the child for a more thorough evaluation if they believe that CSA may have in fact occurred. According to one provider at a governmental institution, “[W]e take down the information, confirm that it is true, and then refer. We have to be very, very sure before we refer a case.” The meticulous verification of information that this provider describes implies that there is a possibility that a person may not know what truly constitutes CSA or that they could be lying. The belief that a person may not know that what they have experienced is indeed CSA is aligned with what providers discussed as families’ confusion regarding the difference between abuse and affection, as well as the general lack of knowledge that communities have about CSA. In addition, the belief that a child could be making up a story about abuse or simply providing inaccurate details is related to the way in which adults tend to conceptualize child victims in Peru: unreliable in their verbal testimonies and in need of physical evidence. Thus, in both the identification and investigation stages, the providers’ perceptions of a child’s credibility as well as any tangible evidence carry significant weight and help to determine how the process will unfold.

Investigation

When the providers who initially assessed the situation refer the child for further evaluation, it signals a transition from identification to investigation. The investigation stage possesses elements that are similar to that of identification, which raises concerns that children may actually be asked to give their testimonies more than once. However, providers told me that investigation is a more formalized, intensive process of fact-finding that only certain organizations can perform. It can take a few different forms, depending on the referring providers' assessment of the situation. For example, if the child seems to be at risk in the household, the providers who identified the potential CSA contact the *Dirección de Investigación Tutelar* (Department for Guardianship Investigation), which determines whether the child should remain in the home or be placed elsewhere. Although this step may not always occur, there are other steps in the investigative process that, in theory, should always occur. For every child whose allegation is deemed a legitimate cause for concern by the initial provider, there should be a medical exam conducted by a *médico legista* (forensic medical examiner) and a forensic interview conducted by a *perito psicólogo* (forensic psychologist). Based on the results of the medical exam and forensic interview, the *Fiscal* determines whether or not to prosecute the case. Once again, an important part of the investigative process is that it includes ample opportunities for investigators to obtain evidence, with a specific emphasis on obtaining physical (or medical) "proof."

While the emphasis on securing accurate information may be commendable, CSA professionals tend to prioritize the investigative process above all else, often at the expense of the victim and their family. First, the law that stipulates these specific procedures for a CSA investigation also prohibits children from disclosing details about the abuse in another setting or

to another professional, since the forensic interview is meant to be the only time and place at which children give their testimony.²⁰ One provider felt that restricting a child in this way could be harmful to their mental health, based on what research reveals about disclosure as a process that must move at the child's pace and often occurs in stages, with children providing small bits of information over time, as they themselves work to process what has happened (London, Bruck, Ceci, & Shuman, 2007). Second, the investigative process continues to conceptualize CSA as physical violence, given the reliance on medical evidence to ascertain its occurrence. Providers indicated that the medical exam remains the most important factor in the *Fiscal's* decision to prosecute, in spite of research that aims to define violence as more than physical harm and take into account the emotional experience of survivors, particularly survivors of sexual violence (Scheper-Hughes & Bourgois, 2004; Campbell, 2002). Indeed, the way in which the investigative process currently functions does not take into account all of the child's and family's needs, but it certainly does reflect the foremost beliefs that providers hold about the importance of seeking evidence and verifying the facts of CSA allegations.

Although the investigative process takes precedence over other types of services, not all victims will be able to access adequate services in this area because resources for CSA tend to be scarce. The Ministry of Women and Vulnerable Populations has been largely unsuccessful in securing services that are specifically geared towards children and children's rights, other than those that fall into the category of "family violence services." One major concern that providers voiced is the limited number of *peritos psicólogos*, which may lead to an extended waiting period for a forensic interview, or a professional with less specialized training may have to lead the

²⁰ Law 30364 outlines this process. See the Ministry of Women and Vulnerable Populations' website: <https://www.mimp.gob.pe/webs/mimp/ley30364/sobre-ley-30364.php>

interview.²¹ Either one of these options might compromise the integrity of the investigation and could also serve to revictimize the child, a topic that is further discussed below. Therefore, one can see that even when it comes to investigation, services are not guaranteed, and families may have to rely on their own resources to ensure that their child's case is handled to the fullest extent possible.

Orientation

Orientation is another commonly provided service related to the belief that communities are in need of education and knowledge about CSA. Orientation involves psychoeducation about CSA as well as information on the investigative process, safety guidelines for abuse prevention, and referrals to other services for longer-term support. It encompasses the services and information provided to children and their families after CSA has been reported and is therefore specific to the family's situation.

Based on providers' descriptions of the clients they serve and the average level of education in the communities where they work, it seems that there is not only a cultural distance between providers and community members but a paternalistic and hierarchical relationship in which communities have come to rely on providers for information, advice, and support on a range of issues. One psychologist who works with victims of sexual exploitation explained that her relationship with the young women begins through her contact with them in the streets, when the girls approach her and request information on health issues and how to obtain their national identity documents. Another provider explained that they may implement social service programs in families' homes to try to educate them on keeping their children safe, but they warn the parents that they are "being watched" and if they fail to comply with the program policies,

²¹ One interviewee estimated that there are a total of fifty *peritos psicólogos* in the entire country of Peru. Another interview admitted that, if the proper professional is not available to interview a child, the next available professional (psychologist, social worker, or attorney) would carry out the interview.

they could lose custody of their children. A social worker also stated to me that the community members “want [our organization] to solve their problems for them,” which can make it difficult for organizations to leave a neighborhood after their contract to provide services there has ended. Clearly, the providers have sensed that the communities see them as experts and depend on them, perhaps to an excessive degree. Thus, the providers are apt to continue providing orientation services because their relationship with the communities is based on guiding and educating them about what the communities presumably do not know.

Follow-up support

A recent report asserts that there is a serious shortage of follow-up services, which I observed in my research as well (Ministerio de la Mujer y Poblaciones Vulnerables & UNICEF Perú, 2016). While providers did discuss the importance of therapeutic, medical, legal, and case management services for children and their families, they also mentioned that there are insufficient funds and adequately trained professionals to be able to provide such services. In fact, CSA literature touts the MAMIS²²— specialized units for child abuse victims that are meant to be available in most public hospitals —as one of the primary providers for follow-up support, but they were rarely mentioned in my interviews, and it was difficult for me to locate them during my data collection. As one social worker remarked, “The law states that health centers must provide psychotherapy [for victims], but those who work at the health centers are not specialized in family violence or sexual abuse. ...It’s necessary to have specialists, but in Peru,

²² MAMIS are different from the medical services provided by the *médico legista* during the investigative stage. The medical exams performed by the *médico legista* fall under the jurisdiction of the *Fiscalía* and are one-time exams used to collect evidence. While the medical professionals in the MAMIS may help to detect cases of abuse, those units fall under the jurisdiction of the *Ministerio de Salud* and are intended to support the child’s health and recovery, rather than the criminal justice proceedings.

we don't." Thus, the extent to which community members can access appropriate services is questionable.

With regard to the follow-up services that do currently exist in Lima, NGOs provide the majority, with the help of international funding either solely or in large part. Services may be time-limited or indefinite, offered on either a sliding scale fee basis or free of charge. Most commonly, the follow-up services that NGOs provide are case management and psychotherapy, although most professionals in the child welfare field noted that psychotherapy is not sufficiently available to meet the demand. Some NGOs have attorneys on staff for legal support, and one organization occasionally refers clients to a private attorney and assumes the costs. I also learned that some NGOs maintain partnerships with public and private shelters and will work to support children who are in temporary placements.

Governmental organizations, on the other hand, are responsible for providing temporary placement, case management, and medical services (although specialized medical services may be understaffed or hard to locate, as mentioned previously). With regard to the other services, I learned that they operate in tandem with the investigative process and criminal justice proceedings, rather than functioning independently for the primary purpose of offering support. The temporary placement services, overseen by INABIF,²³ facilitate removals from the home and monitor children who have been mandated by the investigative agencies to be placed temporarily in the care of extended family members, unrelated individuals, or a *Centro de Atención Residencial* (Residential Service Center), known by its acronym, CAR. The CARs serve to meet children's basic needs and to provide them with therapeutic support until the investigation has concluded for the alleged perpetrator. The *Unidad Central de Asistencia a*

²³ INABIF is a subdepartment of the Ministry of Women and Vulnerable Populations (MIMP).

Víctimas y Testigos (Central Assistance Unit for Victims and Witnesses) provides case management to children and adults whose cases have been accepted for prosecution. This unit operates within the *Fiscalía* and consists of lawyers, social workers, and psychologists who accompany the clients and attempt to link them to other, long-term support services. According to one interviewee, the unit cannot accept as part of their caseload all those whose cases are moving towards prosecution, but they aim to prioritize the “most vulnerable victims,” such as victims of trafficking or rape, young children, and those at risk of femicide. The classification of victims in terms of vulnerability points to the notion that only certain types of victims receive attention and support. As one interviewee explained, “moving through the investigation and the process is an inevitable path that the victim must follow. What we try to do...is make it less distressing to that person.” This comment suggests that the support services provided focus heavily on the investigation and are meant to aid that process above all else.

Policy and training

My research reveals that a number of NGOs and governmental organizations are engaged in policy work and training with the primary goal of ensuring and enforcing punitive measures for CSA perpetrators. While some organizations undertake this work in addition to providing direct services, others dedicate themselves exclusively to policy work and training. A common phrase used by my interviewees to describe their work in this area was “*fortalecer sistemas*,” or “to strengthen systems,” which they do by offering technical assistance and expert opinions that help to generate new policies, improve existing ones, and train providers on how to implement best practice standards. A government official explained that their organization had advocated strongly for harsher penalties for those convicted of CSA. Thus, policy efforts often seek to attain an increased criminalization of CSA and to impose stricter punishments on perpetrators.

With regard to training, there is a significant emphasis on training the providers who are involved in the investigative process and play a role in the criminal justice proceedings, such as police officers who receive reports and medical providers who collect evidence. An important aspect of training that various providers discussed is the “*sensibilización*” of local authorities, which entails helping them to understand not only the protocol for working with victims but also the scope of CSA so that the authorities—often the first points of contact for victims—do not dismiss or retraumatize the victims. One interviewee discussed a similar type of training with medical professionals, through which doctors, nurses, and hospital staff attend workshops to learn about gender violence, relevant laws, and their responsibilities as medical professionals to document and report signs of abuse, primarily for investigative purposes. This form of training could be used to address the stigma and victim-blaming that both researchers and providers have found to be correlated with CSA.

PHILOSOPHY: WHAT DRIVES SERVICE PROVISION

Throughout my interviews, providers shared with me their beliefs about what children need in terms of protection as well as what helps children and families to heal after having experienced CSA. Understanding these elements has shed light on why these organizations operate the way that they do. The “philosophy of CSA” illuminates the culture of each organization, including the amount of resources and training opportunities dedicated to CSA, the formalized protocol they may have to help them manage CSA cases, and how service providers learn about and apply culturally sensitive practices.

The best interest of the child

When asked about how they believe children who have experienced CSA should be served, the majority of providers responded immediately that they operate according to “*el*

interés superior del niño,” or “the best interest of the child.” I learned that this includes treating the child with empathy, respecting the child’s wishes, creating safe spaces for children to process trauma, and promoting children’s participation in the discourse around human rights and democracy. A provider at a governmental organization explained this commitment by stating that “we can have thousands of administrative tasks to complete, but when a child sets foot in our building, everything else stops.” Providers also remarked that they make every effort to keep the family units intact because children should be raised with their own families if at all possible. Many of these beliefs about the way children should be served are rooted in ideas about childhood, as discussed in chapter two: children are vulnerable (especially the youngest ones), and their rights and services are intertwined with those of their mothers and families.

Some providers, however, reflected on the ways in which their systems and services fail to operate according to the best interest of the child. While providers may want to meet the child’s needs in the best way possible, there are protection mechanisms in place that can inadvertently cause harm to the child. Providers referred to this additional harm as revictimization and described how it can occur.

Revictimization generally refers to the process of retraumatizing or causing additional harm to a person who has already been a victim. This concept appears in literature about sexual violence and in discussions regarding the positive or negative impact that service providers and organizations can have on victims’ recovery process (Martin, 2005). One lawyer explained the following types of revictimization:

Nowadays, here in Peru, when there is a case of sexual violence, they tend to separate the adolescent or the victim from their family and move her to a shelter, isolating her, as a measure of protection. ... That causes a rupture, not only

because of the experience she has lived through but because of revictimization.

...First, revictimization occurs because she has to tell what happened multiple times. Second, in many of those instances, they blame the victim. ...And finally, they don't believe her. They don't consider her testimony to be valid. For this reason, many cases go unpunished.

These examples raise a number of questions about what "the best interest of the child" actually means. Many times, it means having to navigate processes that can cause children equal or even greater amounts of trauma than their experiences of CSA, such as removing children from their homes or participating in criminal justice proceedings. According to the conceptualization of violence in chapter two, revictimization through the investigative process can also be considered violence. Nevertheless, as noted previously in this chapter, many providers indicate that following through with the investigation is a worthwhile endeavor, based on their belief that it ultimately benefits victims and their families.

Healing and justice

Many providers expressed that their organizations' philosophies hinge on the desire to bring healing to children and families. The healing they described can come in various forms but was most commonly linked to receiving therapeutic support and navigating the criminal justice proceedings. With regard to the former, however, it seemed that there was a disconnect between what the providers believe the children and families deserve and what can actually be provided. For example, two of the psychologists discussed the need for victims to receive psychotherapy in a timely manner to promote healing, because "[A]s the time passes, situations become even more complicated, and repairing the damage is even more painful." However, providers acknowledged that there is a serious lack of therapeutic support, which leaves many CSA victims without the

help they need. Furthermore, it was evident that most providers do not believe that therapy alone will allow victims to heal. As one provider stated, “[E]ven with therapy and everything else, a scar remains.”

Providers did, however, seem to feel more confident that healing is possible through the criminal justice process. Most providers, regardless of their professional background, mentioned at some point that they encourage families to access justice by filing a report and following the associated legal proceedings. Although they acknowledged the barriers and challenges throughout the process, and some empathized with families’ lack of faith in the “system,” they did not seem to doubt the value that receiving a guilty sentence holds for victims and their families.

The connection between healing and criminal justice that was implicit or explicit in providers’ statements speaks volumes about the way that organizations focus their efforts. It might be for this reason that public sector services are geared towards identification, investigation, and policy work, with some orientation but little follow-up support. On the contrary, most follow-up support services are provided through NGOs that rely on international funding. Perhaps the most dangerous outcome, though, of equating healing with the criminal justice system is that it does not position victims for success. Because the investigative and sentencing procedures are complex, time-consuming, and have the potential to revictimize children and their families, it is not at all easy to complete the entire process and secure a guilty sentence. Therefore, sending the message to victims and families that they can only heal if they follow specific steps and achieve a certain legal outcome might impart a very slim sense of hope that they will heal from their trauma.

Organizational culture

Throughout my interviews, when providers discussed the best interest of the child and what can bring them healing and justice, they expressed their concerns that, even when policies are helpful, problems arise when service providers fail to adhere to them as they should. The forensic interview and the *ruta única de atención* were developed to ensure that organizations are specially trained to work with CSA victims and that children would not have to speak with multiple investigators.²⁴ Nevertheless, providers still recounted stories in which this happened to their clients. My interviews demonstrate that, even with policies in place to avoid revictimization, it still happens. The question is, *why does it happen?*

It may be that, despite the providers' desires to support victims to the best of their ability, organizational challenges can inhibit their ability to provide the highest quality of care. Providers stated that a lack of sufficient training, protocols, and budget at the organizational level constitute real barriers and interfere with service delivery, similar to what Patricia Y. Martin (2005) has discussed in her work on rape crisis centers in the United States. In Lima, it seems that governmental organizations in particular must overcome a great deal of bureaucracy in order to complete tasks and serve clients. Providers also discussed the lack of defined roles within organizations, administrative challenges, overall lack of support, and staff disengagement as well as burnout. These types of problems can lead individual providers to fail to fulfill their roles, which can result in revictimization or not meeting the clients' needs. Thus, these problems do not necessarily reflect individual staff members and their intentions so much as the collective organizational culture.

²⁴ The *ruta única de atención*, known as the RUA, is a protocol that was developed to delineate which organizations handle each aspect of the reporting and intervention processes for CSA victims. The RUA for sexual abuse, released in 2014, lists three phases and the corresponding organizations that are responsible for intervening at each phase: detection; intervention, assistance, reporting, and criminal justice proceedings; and recovery. It essentially traces the path that providers and families should follow to complete all of those phases (Acción por los Niños, 2014).

It is also worth noting that organizational culture is a reflection of the values and priorities of the society in which these organizations function. Despite the differences between service providers and clients, they are still a part of the same society, in which high rates of violence and inequality persist, and resources to combat sexual violence are minimal. In my interviews, several service providers either disclosed personal histories of CSA or referred to their colleagues' past victimization, leading me to conclude that their clients are likely not the only ones who have normalized sexual violence to some extent. As a few interviewees explained, this work requires not only knowing the policies and procedures but internalizing them and believing that it is important to comply with them. One interviewee stated that "a more radical change is necessary" and that "we would have to change all of the patterns," referring to the cultural scripts of violence and gender inequality to which Peruvian society as a whole subscribes. Indeed, the ways in which providers "other" their clients, blaming indigenous communities and mothers for their own experiences of violence, reflect the legacy of colonization that Peru has experienced as well as the racism and gender inequality that have been institutionalized in Peruvian society. These aspects of society in turn become reproduced at the organizational and individual levels (see: Viveros-Vigoya, 2016; Canessa, 2012; Boesten, 2014). In this sense, it is clear that the beliefs and attitudes held by providers as well as the larger community shape service development and delivery.

CONCLUSION

My interviews have revealed that the cultural distance between providers and their clients influences the way in which they conceptualize CSA and deliver intervention services. Although I attempted to seek a range of different interviewees, the providers whom I interviewed did not seem to share the same beliefs or backgrounds as their clients, an observation that is supported

by a variety of literature on service delivery (Yan, 2008; Johnson et al., 2004). Because of these differences, providers were apt to contemplate how those differences are problematic and why they may lead to the perpetration of CSA. For example, a social worker's statement that there are many things that communities—particularly those in the provinces of Peru—need to “unlearn” emphasized the distance between her as a provider and the communities in which she works. As providers focus on the problems within individual clients and their communities as some of the principal causes for CSA, they craft and deliver interventions that aim to address those problem areas. Specifically, they focus on investigative procedures and providing orientation to clients, and they tend to view healing and justice as intertwined with following criminal justice proceedings and securing a guilty sentence for perpetrators.

In my interviews, providers sometimes acknowledged sociocultural factors that have led to problems in their clients' communities, but because of the disconnect between their lived experience and that of their clients, it did not seem as though they fully internalized the challenges that their clients face. Rather, I noticed a tendency to blame clients (particularly mothers and indigenous community members), holding them at least partially responsible for incidents of CSA. Particularly, I noticed this sense of blame in the ways that various providers commented on mothers' responsibility to raise and protect their children to ensure that their children neither become perpetrators nor suffer abuse themselves. Additionally, providers often linked the causes of CSA to indigenous traditions and beliefs, which seemed to imply that they believe indigenous communities are at fault for creating and participating in a culture of sexual violence.

Throughout my interviews, I considered the effect that I as a researcher may have had on my participants' responses to questions. It is possible that my positionality as a researcher from

the United States had an impact on the way in which providers discussed their clients. Perhaps they wished to align themselves with me in some way by distancing themselves from the communities where they work. They may have wanted to present themselves as separate from any aspect of their society that is associated with gender inequality or violence. Thus, it is important to consider the implications of cultural distancing on multiple levels and to contemplate what might help providers to serve their clients in a more culturally informed manner.

Chapter Five: Berta's Story

INTRODUCTION

One of the greatest challenges during my data collection period was determining how to recruit a caregiver and carry out the interview. I had anticipated that recruiting a caregiver would be difficult due to the sensitive nature of my research topic. I also hesitated to broach the subject with all of the providers I had interviewed because I was keenly aware of the way in which power dynamics could play out, resulting in a caregiver feeling coerced to participate. As a result, I conducted only one caregiver interview towards the end of my data collection period. Nevertheless, as Flyvbjerg (2006) discusses in his work on case-study research, even one case study has the potential to yield a wealth of insights. In research related to human beings, “we have only specific cases and context-dependent knowledge” (Flyvbjerg, 2006). In this sense, my single caregiver interview has provided a deeper understanding of and a practical context for many of the key points that were also addressed in my provider interviews.

I had the opportunity to interview Berta one morning at her home.²⁵ We had spoken briefly on the phone so that I could screen her for eligibility, but we had not met in person before the interview. Over the phone, she sounded interested and was attentive to my questions. Initially, she sounded hesitant about being able to meet on the dates I had proposed, but when I called her back to confirm a time, she immediately agreed. The sense of urgency in her voice led me to think that she truly wanted to participate and tell her story.

On the day that I met Berta in person, she arrived early to our designated meeting place, even before I arrived myself. We had agreed to meet at the municipality building and take a short mototaxi ride to her home. It was difficult for her to describe to me exactly where she lived in

²⁵ The names of the caregiver and her daughter have been changed for confidentiality purposes.

Valle del Sur, since I was not familiar with all of the unmarked streets in her neighborhood. Although I had taken the hour-long bus ride to Valle del Sur previously, on this particular occasion, I missed my stop, which resulted in having to catch a mototaxi to take me back to my destination. As luck would have it, several streets were closed that day, so the mototaxi dropped me off about two blocks from the municipality building. By then, I was a few minutes late for our scheduled meeting, so I hurried down the street, calling Berta along the way to describe where I was. A bit frazzled, I arrived to the municipality building and spotted Berta, sitting on the steps.

My initial perceptions of Berta from our phone communication were confirmed when I saw the way she appeared and interacted with me. At the time when I met her, she was in her forties, with a strong build and a kind yet tired-looking face. Her eyes looked sad, but she looked at me squarely, which reflected a sense of determination. Berta hailed a mototaxi and began talking to me articulately and without reservation. It was clear to me that this woman had been through a lot, but she was doing her best to march on. It was also evident that she was ready to talk and wanted to be heard.

We arrived at Berta's home, where she introduced me to her husband, daughters, and infant grandson. Their home was modest but neat and well-maintained. Within a few minutes of arriving, we delved into the interview. Sitting at her dining room table, Berta told me her story. She recounted what had happened to her daughter and her family with an earnest, straightforward, unfaltering tone. She shed some tears but insisted that she wanted to continue talking. There were very few pauses over the course of our interview, which lasted a little over one hour.

In this chapter, I present elements of the narrative that Berta told me, including how she found out that her daughter had been abused, how she made a police report, what her experience was like navigating the service systems, how she felt, and what insights she had about support services. I tell this narrative in the first-person voice, so that readers can have a glimpse into what it was like to listen to this story, but I have edited parts for clarity and privacy purposes. Since this narrative was originally told to me in Spanish, I have translated it to English for this chapter. At the end of each section, I intersperse information and insights that are relevant to what Berta discusses. Some of this information is from my provider interviews or from other pertinent sources. This combination of data helps to contextualize and situate Berta's narrative, demonstrating that her experience—while valuable—is by no means isolated. Instead, the challenges she has faced and the suffering she has endured have, unfortunately, been the experience of other caregivers, children, and families.

FINDING OUT: “SHE WAS SUFFERING ALONE”

I first noticed that my daughter, Lizette, was not doing well a little over two years ago. Lizette had tried to cut herself, so I took her to a psychologist. The psychologist met with Lizette and then with me. She asked me if Lizette had been sexually abused. I said, “No, as her mother, I don’t know anything about that.” She asked if my husband was my daughter’s father and I told her that he was. The psychologist then sent us to a psychiatrist at a nearby hospital, and the psychiatrist prescribed sleeping pills for my daughter so that she could get some rest and try to feel better.

Lizette was having trouble in school. She was in sixth grade at that time.²⁶ I didn’t know what was wrong, but I thought that maybe in the public school, the teacher had too many

²⁶ In the schooling system in Peru, a child in sixth grade would be around the age of twelve.

students to manage. So I started sending her to a private school, thinking maybe she would not misbehave there. That year, a little before the Christmas season, I remember that I sent my oldest daughter to the school to pick up a book that Lizette had forgotten. The teacher stopped to talk to my daughter, and she told her that Lizette had disclosed to her that she had been sexually abused.

My oldest daughter didn't tell me, though. It was around the holidays, and she wanted to wait until afterwards. So when she finally did tell me, I asked Lizette. I asked her if it was true and why she had kept quiet for so long. I knew that this was why she had been misbehaving. She had been practically suffering alone.

Berta's experience of finding out about the sexual abuse that Lizette experienced brings to light some important issues about children's and adolescents' disclosure. Berta clearly felt distressed because she had known that something was wrong with her daughter, but Lizette did not immediately disclose the abuse to her mother. Berta's concern for what her daughter had been through and her sadness about Lizette having had to suffer alone represent a crucial point supported by my provider interviews, as well as other existing research: disclosure is a complicated process, and there is a myriad of reasons for which children and adolescents do not always tell their closest support systems about the abuse (see: Sánchez, 2017).

Several of the providers whom I interviewed discuss secrecy as a key factor in why child sexual abuse (CSA) continues to occur. In their experience, fear and shame about the abuse play a role in why children do not tell. In some cases, children have felt coerced by the perpetrators to keep quiet; some providers recall stories of their clients telling them that the abusers had explicitly threatened to hurt their parents or family if the child told anyone about the abuse. Coercion came up frequently in interviews in which the provider discussed power differentials

between the abuser and victim; if the abuser was older or stronger than the victim, they might use that power not only to perpetrate abuse but also to convince the child not to tell anyone about it. Nevertheless, even if perpetrators did not specifically threaten their victims, providers frequently cited the shame and stigma surrounding CSA as a key reason for which children do not disclose.

The themes of silence and stigma also appear in the existing literature. With regard to family violence in general, Alcalde (2014) has discussed the tendency among Peruvian families to stay silent because it is not appropriate to discuss family matters outside of the home. Even those who have experienced violence express that it is important for the family to remain intact at all costs, which may deter the victim from speaking about the abuse suffered (Ministerio de la Mujer y Poblaciones Vulnerables & UNICEF Perú, 2016). In CSA literature specifically, Sánchez (2017) posits that children often avoid disclosing sexual abuse due to fear of stigma and of destroying their families. In fact, the work of Gloria González-López (2015) on incest in Mexico reveals that the overall silence regarding sex and sexuality in a number of cultures can make it difficult for children to make sense of their experiences and disclose abuse. In Peru, conservative, Christian culture is the norm, and there are few spaces to discuss sex and sexuality as topics of health and human nature, rather than as topics that spark outcry and even criminalization (Instituto Nacional de Estadística e Informática, 2008; Guerrero, 2013). Additionally, patriarchal societies like Peru often serve to create an atmosphere in which sexual and family violence are condoned and normalized, especially when males perpetrate violence against females (Alcalde, 2014). All of these elements reveal the level of difficulty that a child may have in attempting to identify and later denounce an act of sexual violence. Understanding the sociocultural factors that may inhibit a child's ability to speak out after having experienced

sexual abuse is essential because it may help providers and caregivers to refrain from blaming the victim for not disclosing.

For children who do disclose, the person whom they choose to tell is also important. Providers reported that it is not uncommon for children to disclose to teachers at school. Sometimes children fear upsetting their closest family members or destroying familial relationships, so it feels safer to disclose to someone outside of their immediate family (Sánchez, 2017). However, it is difficult to gauge how those individuals will respond to such information. According to providers, the responses that children receive to their disclosures can vary greatly. Because the people to whom children disclose may not necessarily have any training in this area, they may respond by dismissing or even blaming the child. Assuming that they do believe the child, they may not know what to do with the information. One provider told me that teachers often hesitate to tell the appropriate authorities about a disclosure because there have been instances in which a counter report was filed against the teacher for defamation of character. Another provider told me that medical professionals hesitate to report CSA because they do not want to be summoned as witnesses to defend their medical reports in court. In other cases, psychologists and other service providers fear making the wrong decision by reporting inaccurate information. The variance in responses suggests a general lack of knowledge regarding how to handle CSA disclosures, which is certainly not unique to Peru. However, it is worth considering how adults can be more equipped to handle disclosures, whether they work in the CSA field or not.

MAKING THE REPORT: “THE DAMAGE DONE TO MY DAUGHTER DOES NOT HAVE A PRICE”

After I talked to Lizette, I went to the police with my daughters and made a report. The police then had to go notify the individual whom we had named as the perpetrator.²⁷ He was a neighbor, living in the lot next to ours. We went with the police to his house, where he was staying with his daughter, his parents, and his siblings. The mother knew what was happening when we got there, and she became very cold. I said to her, “you don’t understand what you have done.”

Later, his mother came to my house. She wanted to bribe me with money so that we would cover this up. But I refused to accept the money from her. A friend from the neighborhood, who is also a police officer, came by while this was happening and urged me to let the mother talk to me. He recorded on his phone what she said to me: that he is her only son and that I should understand because I am a mother, too. My other daughter, the middle one, got upset and said to the woman, “you don’t know what you’re saying; you’re talking about my sister and all the damage you’ve done to her.” Again, we refused the money from her.

In this part, Berta references the process that she and her daughter followed in order to make a police report. She mentions two key players with whom she and her family interacted in the reporting process: a police officer and the perpetrator’s mother. Her account of the process raises some questions regarding the protocol for making a CSA report. The way in which Berta and her family were essentially forced to communicate with the perpetrator and his family while a police officer recorded it on his cell phone seems not only uncomfortable but perhaps a deviation from standard protocol. Is the process that Berta described typical, or did something go

²⁷ Berta continuously referred to the perpetrator as “*el individuo*,” or the individual. I have chosen to refer to him as the perpetrator for clarity.

awry in this case? In order to arrive at potential answers to this question, it is necessary to consider what the reporting process generally looks like and why individuals do or do not partake in it.

For caregivers like Berta who wish to make a formal report, the reporting process is typically fraught with barriers. Two of the most common barriers that providers mentioned were the lack of reporting mechanisms in certain geographical regions and the inconsistent responses of the authorities who receive reports. Providers often drew a contrast between the availability of reporting mechanisms in Lima and that of the provinces, concluding that there were fewer institutions available in the provinces to receive CSA reports. They noted, however, that a police station is present in nearly every community. Thus, Berta's choice to make a report at the police station seems like a relatively common choice of institution. Interestingly, though, providers most frequently cited police officers as authorities that lacked adequate training to provide support and respond in a helpful way to victims and their families. Providers sometimes described other professionals, such as doctors or psychologists, who had engaged in victim-blaming or did not know what to do with the reports they received, but providers spoke most frequently about the lack of competence among police officers. Of course, the providers shared stories about helpful authorities as well, but those stories were few and far between, suggesting that the lack of preparedness to respond appropriately to a CSA report is not an individual but rather a systemic issue.

Systemic concerns with the way in which police handle reports of sexual and family violence also appear in M. Cristina Alcalde's work on domestic violence in Lima (2014) and Jelke Boesten's work on violence against women in Peru (2012), both of whom describe the challenges that women face in navigating the bureaucratic and victim-blaming elements at police

stations. Alcalde (2014), for example, recounts the experiences of many women who felt frustrated and discouraged upon having to pass through multiple levels of hierarchy when reporting experiences of domestic violence to police officers in Lima. Boesten (2012) adds that the women she interviewed reported feeling unsupported and even intimidated by police officers who received their reports of violence, as the officers sometimes negated the gravity of the women's situations. Although it remains unclear as to whether or not Berta's family's experience of being recorded on a cell phone by a police officer represents the standard protocol, the fact that researchers and providers have frequently cited the police—the institution that probably receives the highest number of reports—as being underprepared or unhelpful raises significant concerns about the reporting process.

Due to their concerns about the reporting process, some victims and caregivers may decide not to make a formal report. As providers have explained to me, some victims and families lack faith in the system and choose not to become involved with it. It is important to note here that, as one provider indicated to me, even a disclosure without a formal report can be a crucial step in the child's healing process. An "informal report," such as one in which a child tells a trusted friend or family member, can disrupt the cycle of abuse even if no other formal action is taken. The act of telling someone may signify that the child or adolescent has become aware that the abuse is wrong, and they may be able to avoid further contact with the abuser, either through their own decisions or with the help of their caregiver. Therefore, it is worth acknowledging that in some cases, the decision not to make a formal report may be most appropriate for that child's situation.

WAITING FOR JUSTICE: “WITHOUT MONEY, WE DON’T MEAN ANYTHING”

After the police notified the perpetrator, I suppose he gave his testimony. But everything was taking so long. I returned to the police station, because I wanted to make sure that they passed the report to the Fiscalía.²⁸ I asked for the documents and found out that the Fiscalía had never received them. It was then that I also discovered that the perpetrator’s mother had bribed the police captain to slow down the process. That is why the police did not send the report to the Fiscalía. The mother was trying to fix things for her son, and the police captain accepted the money and delayed the transfer of the documents. I became very angry with the police captain when I heard that the documents were not sent. I told the police captain that I was going to report him too because I had proof that the mother paid him off. I asked him, “Do you have kids? Do you have daughters? How would you feel if they treated your daughter like this?” That is when I realized that money matters more. Without money, we don’t mean anything.

We did eventually get a forensic interview for Lizette.²⁹ It took about a month for the forensic interview to be scheduled with the Fiscalía because the police captain had delayed the process. There was a police officer present for the forensic interview, but it was not the one who had taken my report and was supposedly working on our case. The police captain was not present either.

²⁸ In Peru, the *Fiscalía* is the office that prosecutes crimes against the state. One translation to the United States context is “district attorney.”

²⁹ In the forensic interview, a forensic psychologist (*perito psicólogo*) conducts an interview with the victim in a room with a two-way mirror (*sala de entrevista única*), which allows members of the investigative team to observe the question and answer process. The interview is recorded, using a Gesell camera, so that the victim only needs to provide their testimony once. The primary objective of this forensic interview is to collect investigative information on a single occasion and to avoid retraumatizing the victim by requesting that they tell their story multiple times and potentially to individuals who are not thoroughly trained in asking these types of questions. See the article in the Peruvian newspaper, *La República*: <http://larepublica.pe/sociedad/977251-camara-gesell-un-ambiente-especial-donde-la-victima-habla-del-trauma-sufrido>

The Juzgado is taking a long time to process the case.³⁰ We are just waiting now. The perpetrator has not been captured, and if he is not present, they cannot proceed with the case. Supposedly, they will give him a preventative order when they find him. This means he will be detained for nine months while they investigate further and determine a sentence.

The providers whom I interviewed described their perceptions of the investigative and legal processes after a CSA report has been made, and their opinions supported much of what Berta expressed. According to various providers, it can take a very long time for the different authorities and institutions to follow up and process cases. In fact, it may take up to months or even years for victims and their families to pass through every phase of the investigative process.³¹ The length of the investigation depends on a variety of issues, but the providers I spoke with mentioned the following key factors: the actions of the perpetrator upon learning of the report, the geographic region in which the victim is located, and the level of engagement of the victim and victim's family.

A common roadblock arises in the investigative process when perpetrators take certain actions to obstruct the investigation. As Berta and providers acknowledge, perpetrators often flee after they learn that a report was made against them. Sometimes they or their families bribe

³⁰ In Peru, the *Juzgado* signifies a particular type of court. In these courts, a judge presides without a jury. Examples in Peru include *juzgado de familia* (family court), *juzgado de paz* (court of peace), and *juzgado penal* (criminal court).

³¹ The *Módulo Judicial Integrado en Violencia Familiar* (Integrated Judicial Module for Family Violence) was recently established and aims to streamline the process by housing all of the services related to family violence in one location and expediting the transfer of information between the authorities. The goal is for the victim to pass through all of the investigative steps within seventy-two hours. It was first implemented in March 2017 and was originally named the Integrated Judicial Module for Gender Violence. Its effectiveness has not yet been evaluated, and it remains unclear whether it has been utilized with children. See the article in the Peruvian newspaper, *La República*: <http://larepublica.pe/sociedad/1050286-cuatro-mil-denuncias-recibe-el-primer-modulo-de-violencia-de-genero>

authorities to delay the investigation or to dismiss the charges. If perpetrators take these actions, the investigation could stall indefinitely, leaving the victim with little recourse.³²

The accessibility and availability of CSA investigative services vary greatly depending on where in Peru or in Lima the victim is located. Providers noted a disparity in victims' access to forensic interviews, stating that there is a serious shortage of equipment and trained professionals to conduct those interviews. Although victims are more likely to be able to complete a forensic interview in Lima as opposed to the other Peruvian provinces, many individuals still experience long waiting periods throughout Lima. In Valle del Sur, where services are more abundant than in other areas, Berta reported that Lizette had to wait one month before her forensic interview, which is less than ideal for the integrity of the investigation and for Lizette and her family's well-being.

Once the investigative process is underway, the victim's family usually plays a crucial role in driving that investigation. The general lack of resources coupled with the normalization of violence that authorities often project onto their cases make it unlikely that authorities will move forward swiftly with a CSA investigation, unless they are under significant pressure to do so.³³ Therefore, the burden rests with the victim's family to persuade the authorities to continue investigating. With regard to the police in particular, providers have indicated that the police may fail to investigate if the victim or victim's family is not continually putting pressure on them to follow up on the case. Relying on the victim's family to assert this kind of pressure is dubious for a few important reasons. First, as much as families would like to dedicate all of their energy to helping their children, sometimes they simply do not have the time and resources to do so.

³² Although there is not currently literature to support this, providers indicated that it was common, according to their experience.

³³ While I state that it is "unlikely," it is certainly not impossible. However, the stories that I most commonly heard were about ambivalent or even dismissive authorities who failed to move the investigation forward.

Second, regardless of how much the family may care for their child, caregivers and family members are still very much susceptible to the normalization of sexual violence that exists in Peruvian culture (and many other cultures throughout the world). This may be due in large part to the fact that caregivers, especially mothers, have likely suffered similar acts of sexual violence themselves. Although there is no single registry of all cases of sexual violence in Peru, data suggest that approximately 68% of women throughout Peru have experienced physical, sexual, or psychological violence. A much lower percentage has reported the abuse and received treatment (Instituto Nacional de Estadística e Informática, 2016). If these women are mothers who have not yet healed from the trauma they suffered, they might be in denial about their children's abuse, or they may not have the coping skills to deal with their children's trauma on top of their own. Thus, placing the burden on caregivers (who usually end up being women, based on typical gender roles) to perform the emotional and physical labor of following up with investigators and insisting every single day that authorities pay attention to a case that they themselves may not want to address makes it extremely difficult to ensure that the investigation is handled appropriately.

A MOTHER'S FEELINGS: "I WILL NEVER FORGIVE HIM"

I started feeling very bad when all this started. Once, I fainted in my house. I don't really remember everything that happened at first. I felt angry and powerless. I know I made mistakes, too. My nerves just took over. I began to yell at Lizette and at my other daughter. I blamed my other daughter because she had a boyfriend and her boyfriend was a friend of the perpetrator, so they had become friends, too. This is just a very serious situation and should not be taken lightly.

I am very sensitive when I talk about it. I also get angry when I ask questions and people do not help because I don't have my lawyer present. No one deserves to experience this. This is

trauma, and this type of abuse damages the whole family. I hear of children and parents who sometimes commit suicide after these situations happen because they don't know what to do. You really have to keep fighting because the law doesn't do anything.

Berta's statements here reflect the physical and emotional toll that this experience has taken on her as a parent. Although Berta had been navigating this process for several years, the wounds were still fresh and easily reopened. She was adamant in telling me that this had been traumatic for her and her family, and as she spoke, I realized that she was not only referring to the abuse incident itself; rather, the entire process had been a constant retraumatization, and she was still waiting for some type of resolution.

The feelings that Berta has expressed regarding Lizette's abuse reveal the profound responsibility that mothers tend to feel when it comes to protecting their children. In homes throughout the world, including Peru, mothers tend to hold the primary responsibility for everything related to their children, and when something bad happens, mothers bear the brunt of the blame (Campoamor, 2016). CSA is no exception, as people outside of the child's family frequently question where the mother was when the abuse occurred or how she raised her child to interact with perpetrators. Generally, the responsibility placed on mothers is an extension of the victim-blaming attitude that places responsibility squarely on the child's shoulders (Lucich Rivera, 2013). This victim-blaming tends to be gendered, since the majority of CSA victims are girls, and when the blame shifts to caregivers, it is commonly the mother who serves as the primary caregiver and receives the blame.³⁴ Thus, it is not hard to understand why mothers might spiral into feelings of shame, guilt, and sadness when their child experiences CSA; in many

³⁴ Providers also discussed this in my interviews.

cases, even if they are not directly blamed for the incident, they have been conditioned to believe that anything negative that happens to their child is a reflection of their parenting abilities.

In my provider interviews, I glimpsed the complicated sentiments that professionals may harbor towards the parents of CSA victims, and I wondered if this might play a role in what mothers like Berta have experienced. The providers were generally quick to point out that the primary responsibility for CSA lies with the perpetrator. Nevertheless, various providers hinted at the mothers' responsibility in two areas: preventing their children from becoming abusers as well as taking the appropriate steps to protect their children from being victimized. One provider mentioned that, since mothers are responsible for childrearing, they often contribute to creating a culture of machismo by the way that they treat their sons, which can lead male children to grow up to become abusers. Considering this example, Berta's references to the perpetrator's mother in Lizette's case are quite interesting because it seems that the mother feels a certain responsibility to explain her son's behavior and to rectify the situation. In fact, Peruvian research on what may lead an adolescent to commit violent acts draws a link between family functioning, including the mother's decision to remain in the home or work outside the home, and the likelihood that their son or daughter will develop antisocial behaviors (Rivera & Cahuana Cuentas, 2016). With the emphasis on mothers' responsibility for ensuring that their children are raised properly, it is not hard to see why a mother would feel responsible for explaining why her son was accused of sexually abusing another person.

In terms of a mother's responsibility to protect her children from victimization, two other providers mentioned their concerns that mothers may fail to report CSA after it has occurred because they tend to side with the abuser, who may be their family's source of economic support. This belief is also reflected in CSA literature (see: Sánchez, 2017; Peña Jumpa, 2012). Still

another provider stated that mothers sometimes coach their children in preparation for the forensic interview in an effort to protect the alleged perpetrator. While these points may all be valid, the providers' specific mention of mothers being responsible in a variety of ways for preventing CSA leads me to question whether mothers such as Berta have detected a victim-blaming attitude from providers and subsequently internalized it as their fault that their child was abused.

SEEKING SUPPORT: "WE ARE DOING EVERYTHING POSSIBLE SO THAT SHE CAN MOVE FORWARD"

I have not received support from the institutions that are supposed to help you: the police, the Fiscalía, the Ministry of Women, no one. I was treated horribly by the Fiscalía. After they received the report, I tried to go there myself and ask to see the case-related documents. They would not help me. I had to have my lawyer there for them to let me in and talk to me about anything. Without a lawyer present, I have found that no one helps you.

My lawyer is one of the few people who has helped me. He has only charged me the cost of his transportation rather than all of the other legal fees to work on our case. He was also present for the forensic interview, and he did not charge for that. He is the one who told us to keep the CD of the interaction with the perpetrator's mother, and we gave a copy to the Fiscalía. This was important because later, the mother tried to say that her son could not have done this, and it was not his fault.

We have also received support from the psychologist who is seeing Lizette now. She is helping her. I see that Lizette is more responsible and mature now. I know she will never forget, but I think she has gotten better in some ways. But it is difficult to keep sending her to the

psychologist; sometimes we do not have the money. There are really no free services available to us.

I think that the service providers we come into contact with should be more helpful. They should try to process documents more quickly. There should also be more help available. I also think that there should not be a trial or preventative order in these cases. If the child discloses in a forensic interview, that should be sufficient proof. In rape cases like mine, there should be immediate assistance. There should be free legal support.

We need more support for families, not just the child. It could be offered through the church or psychologists. I would also like for people outside of Peru to get involved in these processes and in providing help. It would help us to get more support to change the systems. Sometimes foreign volunteers may come to provide therapy so that we can have more access to free and affordable services.

If I had to give advice to another mother going through this with her child, I would tell her to keep fighting. I know the damage that has been done, but no one has the right to do that to any girl or woman. Keep fighting.

Justice and evidence represent a significant theme in my interview with Berta and with the providers. The link between the two seems almost inextricable: in order to seek and obtain justice, a victim or family must provide sufficient evidence. In Berta's case, the evidence consists of a CD with a recorded conversation and a forensic interview with Lizette's testimony. In her opinion, a child's testimony should be taken seriously and is the only form of proof necessary to obtain justice in a CSA case. Historically, though, this has not been the case; children's testimonies are rarely enough to warrant proof of CSA, especially when the children are very young. Indeed, truthfulness and memory in almost all sexual violence cases, but

particularly those involving children, have sparked an extensive debate (see: Voogt, Klettke, & Thomson, 2017; McWilliams, Goodman, Lyons, Newton, & Avila-Mora, 2014). In Peru, researchers confirm that a much higher level of importance is placed on the medical exam than on the child's testimony (Lucich Rivera, 2013; Centro de la Mujer Peruana Flora Tristán, 2008). Therefore, the topic of evidence raises interesting questions regarding what constitutes proof and who is considered credible in CSA cases.

Several of the providers I interviewed have stated that the children's testimony is extremely important in a CSA case, but at the same time, they explain to me the series of procedures that take place to collect "evidence." Along with a forensic interview, children who report CSA must also undergo a medical exam, performed by a *médico legista* (forensic medical examiner), who is under the direction of the *Fiscalía*. Based on the results of the forensic interview and medical exam, the *Fiscalía* determines whether or not there is sufficient evidence to prosecute and seek justice for the child.

The discussion around the decision to seek justice leads to another thought-provoking inquiry: how do service providers, victims, and victims' families conceptualize justice in Peru? Throughout my interviews, I noticed a specific focus on criminal justice proceedings. Service providers spoke frequently about the need for punitive measures, both to send a message to perpetrators that CSA is unacceptable as well as to help victims and families cope with the trauma they had experienced. As detailed in chapter four, institutions and service providers dedicate themselves to helping victims and families move through the investigative and sentencing processes with as few obstacles as possible. Many interviewees emphasized the importance of increasing mechanisms, clarifying protocols, and streamlining processes so that more victims can report CSA and "access justice," which is often used interchangeably with

pressing criminal charges and obtaining a guilty sentence. Various NGOs throughout Peru have advocated for changes in the Criminal Code, including harsher penalties for perpetrators (Peña Jumpa, 2012). Organizations have also focused their efforts on children's rights, including increased participation in the criminal justice and legislative processes. Indeed, providers tend to speak proudly about the law that condemns all convicted CSA perpetrators to life in prison, which is the maximum sentence one can receive in Peru.³⁵ Clearly, criminal justice is touted as the end goal of many service providers and their clients, and it is thought to be closely linked to a victim's capacity for leading a healthy life after CSA. However, it remains to be seen whether or not these efforts have truly brought children and families a sense of justice.

THE INTERVIEWER'S PERSPECTIVE

The caregiver interview was by far the most difficult interview that I conducted, not only because of the interview itself but also because of the process that it entailed before and afterwards. The first challenge that I encountered was being clear and transparent about my role and this project. Despite speaking on the phone with Berta twice before the interview to explain who I was and what my work entailed, when we met in person on the day of the interview, she asked whether I would be able to provide ongoing therapy or case management for her and her family. Having to explain that my role was limited to that of a researcher was undoubtedly disappointing on some level for this mother, and to be quite honest, it felt somewhat disappointing to me as well. I wanted to be sure that the interview felt like a worthwhile experience for her, as opposed to an opportunity for me to gather data without having given

³⁵ This article in *El Comercio* indicates that some members of Congress have presented a proposal to allow the death penalty for those who rape children under the age of seven: <https://elcomercio.pe/politica/fuerza-popular-presenta-nuevo-proyecto-pena-muerte-violadores-noticia-501688>. This article from the same source states that there is popular support for this measure: <https://elcomercio.pe/peru/pena-muerte-87-opina-aplique-violadores-menores-noticia-496491>

anything in return. I also simply wanted to be sure that she would not feel misled about having participated in a study that she did not truly understand.

During the interview, I had some concerns related to privacy. Specifically, I was aware of the fact that we were not alone in Berta's home and that other family members could overhear us. Since Berta had expressed that she felt most comfortable talking to me in her home, I did not want to force her to talk in another setting. However, I did wonder what it was like for the other family members, particularly Lizette, to know that we were discussing the CSA case and to hear that Berta was upset about it. Children are often very attuned to their caregivers' responses, particularly to a traumatic situation, and when children observe that a caregiver is extremely distraught over a situation, this may cause further distress for the children. I wondered if Lizette or anyone else in the family would become upset as a result of overhearing Berta speaking to me, crying, and admitting that she was feeling bad about the situation. MacDonald and Greggans (2008) have addressed similar dilemmas in their work, including the challenges related to confidentiality when interviewing families in their homes. They conclude, however, that ensuring participants' safety and comfort is essential to building rapport and conducting honest interviews, which often makes interviewing in the home the best option, in spite of the accompanying challenges.

On a related note, I became concerned about Berta's level of distress during the interview, and I decided to enact my distress protocol. Berta started crying early on while talking to me, and I paused the interview to assess how she was feeling and to give her a chance to regain her sense of calm. Acknowledging that I noticed how difficult this was for her to discuss, I assured her that if she wanted to stop, that would be perfectly fine. She opted to continue, but I felt myself proceeding with even more caution. For example, I did not probe into some of the

responses she gave for fear that it would upset her further, and I chose not to ask the question about why she thinks CSA occurs. Instead, I focused on the questions that involved how she already had found support and how she could continue to do so, as well as the recommendations she had for providers and other caregivers. At the conclusion of the interview, I spent a few minutes talking with her about what the process had felt like for her. I provided her with some resources for additional support, including a referral for a psychologist at the organization where Lizette had been receiving mental health treatment, as well as a twenty-four-hour hotline number for concerns related to family and sexual violence. I also called her the next day to follow up on how she was doing, and it sounded as though her level of distress had greatly decreased.

Despite my adherence to my researcher role and my established protocol, I continued to feel unsettled, wondering if I had taken all the steps possible to ensure my participant's well-being. Some of the ethical dilemmas about participants' distress and privacy resurfaced about two weeks after I had completed data collection and returned to the United States. First, I received an email from the provider who had helped me to recruit Berta as a participant. The provider said that Berta had told her about the interview, and the provider wanted to know how it had gone. I knew that it was Berta's prerogative to tell others about the interview if she wanted, but I could not break confidentiality by confirming her participation or by telling anyone about what we had discussed. With this in mind, I responded as graciously as I could to the provider, telling her that I appreciated her continued interest in my study but that I was not at liberty to reveal who had been interviewed or what had been discussed.

Around the same time, Berta reached out to me as well by sending me a WhatsApp message. She said that she felt alone and was looking for someone to talk to about Lizette. I thought again about my role in these circumstances. As Bowtell, Sawyer, Aroni, Green, and

Duncan (2013) explore in their work, researchers—especially those conducting in-depth qualitative interviews, the nature of which necessitates rapport-building—must navigate the ethical boundary between a professional and a trusted friend, a boundary which may become even further blurred when researchers conduct interviews in participants’ homes, for example. In these situations, the authors recommend maintaining a high level of reflexivity, acknowledging the emotional impact experienced by not only the participant, but the researcher as well (Bowtell et al., 2013). Although I felt a twinge of sadness and guilt as I considered the suffering that Berta was continuing to experience, I knew that I had to remain clear about my role. I validated her concerns, reiterated that I unfortunately could not provide the type of support she desired, and redirected her to speak with Lizette’s psychologist or to someone who worked at one of the other places where I had referred her for support after our interview. I can only hope that she has received the support she needs.

This experience has led me to a deeper understanding of and appreciation for the “mindful ethics” that González-López (2011) describes, in which she recommends that those who conduct research with human beings on highly sensitive topics should remain mindful throughout the entire research process due to the unexpected ethical dilemmas that may arise. Having to ensure that my participant understood the objective of my project and scope of my role reminded me that, as a researcher, I must remain attuned to the way in which I communicate with participants and their manner of communicating with me. Additionally, my desire to “give back” in some way to this participant in exchange for her time and insights has prompted me to consider why individuals may be motivated to participate in research, knowing full well that researchers are limited in the type of support they can provide. According to González-López (2011), participants who have suffered trauma and abuse may see the researcher as an authority

figure who can validate and provide legitimacy to their stories. This notion makes an even stronger case for researchers to remain mindful of their role and to understand what their presence means, as we often find ourselves in a position to bear witness to significant events in another person's life.

CONCLUSION

In this chapter, I described the process that one caregiver and her family underwent in trying to access support and justice after their daughter was sexually abused. This story represents one path that a family might follow, navigating a variety of systems and service providers to find answers. Throughout Berta's narrative, I continuously reflected on the ways in which her family's experience coincided or conflicted with what providers had discussed with me or what I had learned from CSA literature. Berta's discussion of Lizette's disclosure process, in which Lizette shielded her family from the knowledge of her CSA experience, certainly aligned with what providers had told me and what other research reveals about how children choose to tell their stories. Berta's explanation of the reporting and investigative processes also shed additional light onto what various providers had recounted to me: a significant challenge that families face in the aftermath of CSA is navigating the process of making a report and following along with the investigative processes without feeling revictimized. Although the service providers I interviewed were all well aware of the dangers of revictimization, I felt struck by the feelings that Berta expressed and the ways in which she did feel retraumatized, blamed, and even othered by service providers who did not seem to empathize with her or offer her respectful assistance. Thus, hearing Berta's story has led me to wonder about the extent to which providers recognize that cultural distance and othering contribute to revictimization, particularly for mothers and indigenous community members. It seems as though this would be an area for

further exploration and inquiry regarding the experiences of mothers like Berta and how they can best receive support.

Another pressing question that I have contemplated since hearing Berta's narrative is, *how will this family find justice and healing?* As mentioned previously, it would be worthwhile to consider what justice means in this context and how the idea of justice is linked to the healing process. Evidently, service providers as well as Berta seemed to feel strongly that being able to access justice through the criminal justice proceedings contributes positively to a family's healing after CSA. However, I cannot help but wonder if the guilty sentence that Berta so strongly desires for Lizette's abuser would bring her and Lizette what they need in order to be able to recover from this harrowing process and the trauma that has resulted. Research shows that a child's capacity for resilience after suffering abuse is highly correlated with their access to a supportive environment, including supportive caregivers, teachers, and other trustworthy family members and friends (Morelato, 2011). Are these protective factors more important for healing outcomes than whether or not the perpetrator goes to prison? Berta lamented the harsh treatment that she received from various authorities and seemed to cherish the help she received from her lawyer and Lizette's psychologist. If the focus switched from ensuring a life in prison sentence to ensuring that each victim and their family had access to compassionate treatment and a supportive environment, would children and families feel equipped and able to move forward? This is of course a difficult question to answer and one that may depend very much on the individuals affected. Nevertheless, it is worth thinking through what it is that Berta truly desires and whether or not she would be able to obtain that through the systems that are currently available to families in Lima after CSA has occurred.

Finally, reflecting on Berta's family's experience from my perspectives as both a researcher and a service provider led me to interesting conclusions as well as thought-provoking questions about my own roles. In this case, since I spoke with Berta solely as a researcher and not as a social worker, I learned important lessons about explaining my role in a transparent manner and recognizing my limitations as a researcher. I also experienced firsthand how complicated it can be to remain in that role, especially as a qualitative researcher interacting with participants on a rather personal level. This experience taught me about the pros and cons of being in the researcher role, including the advantage of being able to bear witness to Berta's lived experience and the disadvantage of not being able to provide the type of ongoing support she desired. From the social work perspective, I felt grateful for the relational skills that I had developed entering into this process, which allowed me to listen actively and respectfully to Berta's story, recognize when she was feeling distress, and provide appropriate referrals. Additionally, I am grateful that I was able to hear her story in my researcher role because it gave her an opportunity to share and me the opportunity to listen in a way that would have been different for both of us, had I been in the role of social worker. Ultimately, hearing her story helped me to understand more about the service provider that I aim to be, and it reminded me of the voices that I will strive to amplify in both of my professional roles.

Chapter Six: Getting Closer

“Tenemos una obligación de acercarnos también a la sociedad.” (“We too have an obligation to get closer to the community.”) These words, spoken by a provider during my penultimate interview of the project, have remained in my mind ever since. Indeed, this study represents my attempt as a researcher to get closer to the realities of service providers and families in Lima, Peru in order to learn what they think about child sexual abuse (CSA) and related support services. On a larger scale, this study has also sought to understand what it means when there are differences and, consequently, distance between providers and their clients. How might providers attempt to “get closer,” in order to bring a sense of healing and justice to children and their families? The notion of getting closer is far from simple; it presents an array of challenges for researchers and providers alike. Nevertheless, this study has underscored the need to examine continuously our own beliefs and positionalities—particularly when we find ourselves in positions of power or authority, as researchers and providers often do when interacting with participants or clients—and to learn from those whose voices may not always be at the forefront of the discourse. In this way, it may be possible to reduce some of the cultural distance and othering that affect research as well as service delivery.

In this conclusion chapter, I review my research aims and central argument, followed by the implications of this study for research and social work practice. I then discuss what I have learned from this experience in international research. As with any research project, there were limitations to my study, and I include an overview of those as well, with the hope that future studies may be able to take them into account. In the last section of this chapter, I share my final thoughts on what this study has signified for me, including the reasons for which I remain hopeful about the work being done in Peru to combat CSA.

RESEARCH AIMS AND CENTRAL ARGUMENT REVISITED

This qualitative study has revealed key findings about the intervention services that are offered for CSA in Lima. Specifically, it has fulfilled my research aims of mapping the landscape of intervention services, identifying service providers' perceptions of the beliefs and attitudes about CSA that shape service delivery, and eliciting a family's narrative about their experience in seeking support for CSA. My exploratory, descriptive research design, which consisted of site-based sampling and semi-structured interviews, allowed me to interview twelve service providers from a variety of disciplines and organizations as well as one mother whose daughter had experienced CSA. Although I initiated this study with some idea about the research questions I would answer, the broad nature of my study also allowed space for me to follow my interviewees' lead and to delve into different areas related to CSA and service delivery. As a result, my study has led to interesting insights on the cultural distance that exists between service providers and their clients, an aspect of CSA service delivery that is particularly important.

I have been able to address the first and second aims by creating a map of the primary organizations involved in service provision and discussing with providers their beliefs about what is important to service delivery. My map shows that there are five main categories of CSA services: identification, investigation, orientation, follow-up support, and policy and training. In discussing the types of services as well as the organizational philosophies that drive service provision, I learned from the providers that seeking justice through the criminal justice system is paramount for both providers and the families they serve, which has led to a focus on investigating cases extensively as well as advocating for strict laws to punish perpetrators. I also learned that, due to providers' perceptions that community members are generally undereducated about what causes CSA, there is an emphasis on providing orientation to clients so that they can

learn what CSA is and how to proceed with the criminal justice system. At the root of these findings is the cultural distance that exists between providers and clients: because they come from different backgrounds than the clients they serve, providers often remain disconnected from the communities where they work, which ultimately leads to othering. Both cultural distance and othering are previously established concepts, appearing in literature on anthropological research (Trouillot, 2003; Mohanty, 2003) as well as social service and health care delivery (Yan, 2008; Johnson et al., 2004; Constantine, Hage, Kindaichi, & Bryant, 2007; Dominelli, 2002). In my study, othering manifests in the ways in which providers describe their clients as “not knowing,” “not understanding,” and even being responsible for the CSA that occurs within their families and communities, due to their negligent childrearing or their normalization of violence. It also plays a role in the emphasis on investigating and punishing perpetrators as well as providing orientation to community members. Cultural distance and othering ultimately perpetuate the stigma and secrecy around CSA, making it less likely that families will seek support from providers who fail to understand them and the struggles they face. Instead, families—and especially female caregivers—become more likely to internalize a sense of blame and responsibility for the abuse that occurred and keep it a secret.

The caregiver interview that I conducted in order to achieve my third aim revealed similar themes that appear in CSA literature and my provider interviews: it suggested that clients may feel the effects of the cultural distance between themselves and service providers. This mother emphasized the challenges she had experienced in making a police report and navigating the criminal justice proceedings, which seem to be quite common based on my provider interviews and literature on sexual violence (Alcalde, 2014; Boesten, 2012). She noted that her daughter did not tell her about the abuse for a long time, which speaks to the secrecy that

frequently occurs with CSA (Sánchez, 2017). This mother also lamented her own role in not being able to protect or heal her daughter, alluding to the sense of blame and responsibility that caregivers often feel after their children have been sexually abused (Campoamor, 2016; Lucich Rivera, 2013). Finally, this mother reiterated that CSA is a type of trauma that affects many more people than the single child who was abused. As Campbell (2002) also discovered in her work, sexual violence has widespread effects on the entire family and even the broader community. For reasons such as these, this mother believes that their community needs more providers who will understand their situation, avoid revictimizing children and families, and offer more therapeutic services to help families heal.

Interviewing providers as well as a caregiver allowed me to develop a unique perspective on CSA service delivery. From my provider interviews, it became clear that many professionals in this field are passionate about supporting children and families affected by CSA, but oftentimes, they do not have the institutional support to do so in the way that they wish. Depending on their personal backgrounds and identities, they may also experience distance from their clients, leading providers to offer services that may not necessarily bring healing and justice to those whom they serve. Juxtaposing these findings with those from my caregiver interview helped me to understand more clearly what clients experience and what they desire from providers. Specifically, it allowed me to recognize that a provider's ability to relate to their clients and to respond attentively and compassionately can have a significant impact on families—perhaps even more so than ensuring that perpetrators are found guilty. With this in mind, it is important for providers to focus on making sure that children and families feel supported and understood as they seek to recover from CSA.

IMPLICATIONS FOR RESEARCH

The findings of this study have implications for researchers as well as practitioners in social work, which is my field of study and practice. Indeed, I find it necessary to underscore that cultural distance and othering are not a Peruvian phenomenon, and they do in fact occur in many settings, including the United States. One important implication is that cultural distance and othering can occur just as easily for researchers conducting fieldwork in different communities as it can for those conducting research in their home countries or their own communities because the notion of who is an insider or outsider is multilayered and fluid. Naples (1996) posits:

[T]he insider/outsider distinction masks the power differentials and experiential differentials between the researcher and the researched. The bipolar construction of insider/outsider also sets up a false separation that neglects the interactive processes through which “insiderness” and “outsiderness” are constructed. ...[A]s ethnographers, we are never fully outside or inside the ‘community.’

Thus, in order to mitigate the effects of cultural distance in any setting where we are conducting research, it is crucial to remain self-aware and mindful of our positionalities and what we bring to the relationships we form with participants. As Abu-Lughod (1991) emphasizes, it is important to avoid generalizing across cultures and populations and to acknowledge that each participant has their own unique story. Lastly, making a commitment to shift the center of analysis and seek out different sources of knowledge—particularly local sources—can help to bridge the linguistic, racial, ethnic, educational, or socioeconomic gaps between researchers and participants.

Conducting this project on CSA in Lima taught me a great deal about myself as a researcher and the impact that research can have on a community. It taught me the importance of

approaching each participant and interview without making any assumptions about who they are, what they will say, and what they already know about research. I found that remaining transparent about my role and my intentions for this project as well as giving each person the opportunity to ask questions was highly beneficial for my data collection and, most importantly, for my participants' level of comfort. My brief conversations with participants after the interviews allowed me to understand a little more about what Naples (1996) means by the fluidity of the insider and outsider roles. It was in those moments that I asked them how they had felt during the interview, and I was also able to share with participants about my history with Peru and deep appreciation for the communities I have to come to know there. I was able to see that many of the providers truly desired more opportunities for cross-cultural and transnational collaboration, not only to develop more effective practices for their work but also to feel less isolated in a field as challenging as child protection.

I also learned from several participants about their previous experiences with foreign researchers, who entered into their communities, collected data, and left without sharing any findings. Hearing a few stories about my interviewees' experiences being exploited for research purposes helped me to understand why they might have been wary of me, and it also made me even more grateful for their agreement to meet with me. Those brief conversations were often the most impactful interactions that I had with participants; hearing their feedback helped to increase my self-awareness as a researcher, and being able to share with them on a candid, personal level seemed to dissipate some of the cultural distance between my interviewees and me. Acknowledging the differences as well as similarities between us and feeling as though we shared some form of trust was helpful to me in presenting my work in a way that I hope communicates the respect and appreciation I have for all who have participated in this project.

IMPLICATIONS FOR PRACTICE

In addition to the aforementioned implications for research, this study has led to several other implications for social workers and practitioners who are dedicated to CSA and child protection work. As stated previously, cultural distance and othering occurs not only in research but in social work practice as well. Because of the stigma surrounding CSA, it is incredibly important for social workers to be attuned to their relationships with victims and families so as not to stigmatize them further. It is also essential to acknowledge that child protection depends largely on the context in which families live, the varying beliefs about childhood and childrearing, and the resources available in urban or rural settings, among other factors. Working in the CSA field requires a constant reassessment in order to understand families and meet them where they are, in a literal and figurative sense. As Lidchi (2003) posits, international standards and protocols may not always be appropriate for every setting, and practitioners as well as researchers and policymakers must discern the extent to which international standards truly meet the needs of a given population. Thus, prioritizing local over foreign knowledge may help to rectify the disconnect between international standards and the local context, ensuring that communities feel respected and heard.

In an effort to prioritize local knowledge, I gave participants the opportunity to voice their own recommendations for improving CSA service delivery in Lima. Interestingly, the majority of recommendations involved increasing cultural competence in some way. Indeed, recruiting and training CSA professionals who speak indigenous languages, having interpreters more readily available, and helping professionals to understand the poverty and marginalization that different (particularly indigenous) communities face are all ways to increase providers' cultural competence. Localization of services is particularly important to achieving this goal,

both in the sense of ensuring that services exist in all areas (not just in cities like Lima) and in making sure that training, prevention, and intervention services are truly tailored to the communities in which they are offered. As some providers recommended, having a community-based approach could reduce the distance between organizations and clients and also engage community members on an ongoing basis. This may entail recruiting and training additional community volunteers and developing support networks among caregivers of children who had experienced CSA. These represent possible ways in which providers can aim to bridge the gaps that can exist between themselves and their clients.

It became overwhelmingly clear through my interviews that providers desire more training and formalized guidelines in order to perform their jobs well. Providers emphasized the need for continuous, multidisciplinary training that would clarify different roles, build empathy, and offset burnout so that providers remember why this work is important and why they must follow through with their responsibilities. However, training and guidelines must be culturally competent and maintain some degree of flexibility in order to be effective. As Yan (2008) has noted, organizations can perpetuate cultural distance by creating and enforcing protocols and standards that require staff to conform and to share all of the same beliefs in order to work towards a common mission. While having a common mission is important, organizations must be flexible enough to accommodate staff who come from different backgrounds rather than force all staff to fit the same mold, which would do a disservice not only to employees but to clients as well—especially clients who come from different backgrounds and communities than do the providers. Therefore, organizations should be mindful of their trainings and guidelines and remain open to the contributions and perspectives of staff members.

INSIGHTS ON INTERNATIONAL RESEARCH

While gathering and analyzing data on this complex topic, a theme that I constantly revisited is what it means for me to conduct this fieldwork as an international researcher. I often asked myself, *what can I contribute to these communities and participants, as an international researcher present for a limited period of time? What do participants want me to bring to this partnership?* I also questioned my status as an “outside” researcher, collecting information and bearing witness to trauma in a community that, while important to me, is not necessarily my own. As I remained keenly aware of my status as not only an outsider in many respects, but also a researcher from the global north, I wondered what my role could be in fostering alliances and collaboration around child protection issues without imposing ideas from the U.S.

These questions are not easy to answer, but I gained insight by talking with participants and other professionals about what they felt was important and how they envisioned international collaboration. During my caregiver interview and several provider interviews, the participants commented that they would like for people from other countries to be involved, either by providing volunteer therapeutic services or by learning about processes in Peru for addressing CSA. They voiced their desire to learn more about how CSA is handled in other countries as well. While I alone could not fulfill all of these requests, I discovered a few small ways in which I could potentially offer some of what my participants hoped for: by listening with an open mind and heart, doing what I could to center participants’ stories and amplify their voices, and by keeping in contact with participants so that we can continue these conversations in the future.

Based on my social work training, I am well aware of the impact that we can have just by listening to another person’s story, and my experience with this study confirmed that. Participants frequently expressed appreciation for my willingness to be present and listen to their

stories and perspectives. As González-López (2011) discusses, the act of bearing witness can be very powerful, and researchers may be able to provide the validation that participants seek from someone they consider an authority figure with expertise on a given topic. I also believe that by choosing to conduct an exploratory, descriptive study based solely in Peru—avoiding any type of evaluation or comparison with U.S. services—I helped to communicate that Peru possesses a great deal of its own knowledge and deserves to be at the center of analysis. Finally, I came to understand the importance of following up with participants and keeping them informed of my progress. For the participants with whom I spoke more than once, I sensed that the simple act of following up helped to build trust between us, to solidify my commitment, and to reiterate my belief in the value of their insights. Additionally, I notified the participants from the start of this project that I plan to translate at least a portion of my finalized thesis and to share the findings with them, either electronically or in person, within a few months of finishing my graduate program. I see these forms of follow-up and reciprocity as initial steps in starting to create transnational and cross-cultural collaboration around CSA and child protection issues.

LIMITATIONS

While there are many interesting aspects of international research, there are also significant challenges related to conducting fieldwork in another country. The limitations that I encountered throughout my study were primarily related to the fact that I was conducting my work in a place where I was not based long-term. These limitations include having a small sample size, having minimal time to collaborate with study participants, and working between my two languages depending on the phase of my study.

With regard to sample size, I would have ideally liked to include a few additional service providers and more caregiver voices. As discussed in my methodology chapter, there were two

organizations where I had wanted to interview a provider but was unable to do so during the course of my data collection period: MAMIS and *Defensoría del Pueblo*. In these cases, I may have been able to interview a provider had I been in Peru for a longer period of time and been able to undergo the lengthy authorization process in the case of the former or to see how the newly formed committee on CSA would unfold, in the case of the latter. However, I was not able to do so at the time of this study. Similarly, if I had had a longer period for my data collection, I may have been able to recruit additional caregivers for interviews. Nevertheless, as Flyvbjerg (2006) notes, even one case can provide a wealth of insight into a given issue, and I found that my single caregiver interview certainly exceeded my expectations in that way.

If I had been able to spend more than ten weeks in Peru for my data collection, perhaps I would have had more opportunities to collaborate more extensively with study participants and community members throughout this project. Having more time in-country beforehand might have allowed me to ask other professionals in the CSA field what they most wanted to learn about CSA and how this study could be most useful to them. I might have also been able to accommodate the schedules of people who wished to be involved but were traveling or otherwise unavailable during my data collection period. Finally, having more time in Peru during data analysis and writing would have been beneficial because I could have consulted with participants for additional, in-person follow-up interviews, given that some could not be reached after we initially met.

Another limitation that I noted was the challenge of conducting research in Spanish yet writing my thesis in English. First, it is important to recognize that there are aspects of language and culture that are lost in the translation process. When translating quotations from Spanish to English, it was often difficult to capture the nuances and sentiments of what each participant

wanted to communicate. It also felt challenging to try to explain the nature of how services and organizations function in Peru by translating terminology into English because my aim throughout this project has been to center the Peruvian context, rather than find an equivalent in English or in the United States context. Second, writing my thesis in English interfered somewhat with my ability to engage participants in the final stages of this project. After interviewing my participants in Spanish, transcribing, and analyzing my data in Spanish, I faced the task of writing each chapter in English due to university requirements. Translation was not something I could commit to until after I had completely finished my thesis in English. However, this meant that I was unable to share drafts with my participants throughout the writing process. This could have been helpful both to ensure clarity in my work and to maintain a collaborative style of research. Nevertheless, I remained in contact with my participants and sent them e-mail updates to inform them of my progress after leaving Peru.

CONCLUDING THOUGHTS

CSA is a complex, multifaceted issue, and it requires dedicated investigation and hard work even to scratch the surface of this social problem. As I have aimed to convey throughout the preceding chapters, studying CSA and working towards its eradication requires that researchers, practitioners, and policymakers get closer to the communities that they observe and serve in order to gain clarity around how individuals and families conceptualize and experience sexual violence. Through this study, I was able to gain a deeper understanding of the ways in which providers and their organizations think about CSA and how they relate to their clients. My results have shown me the interconnected nature of the causes, services, and philosophy about CSA and those affected by CSA. The data have also helped me to see how far-reaching the effects of CSA are. Not only does CSA harm individual children, but it affects entire families,

communities, and societies. I also learned that cultural distance plays a significant role in providers' interactions with clients and in service delivery, and for this reason, CSA services require a more concerted effort to engage community members.

CSA is in many ways a manifestation of the cultural scripts of a society, as social injustices such as racism and gender inequality provide the foundation not only for CSA to occur but for the way in which organizations and individuals respond to it. Nevertheless, Peruvian society shows signs of evolution through various efforts that primarily women have spearheaded to address sexual violence and femicide. International media coverage of the *Ni Una Menos* (Not One Woman Less) movement has made history, followed by the Miss Peru beauty pageant, during which contestants spoke out against gender-based violence.³⁶ Even in a country that continues to identify as predominantly Catholic, groups of Peruvians spoke out against Pope Francis during his visit to Peru for failing to address CSA allegations within the Catholic Church.³⁷ Most recently, the *Mesa de Género de la Cooperación Internacional en el Perú*, known as MESAGEN, launched the *Así No Juega Perú* (Peru Does Not Play Like That) digital campaign to raise awareness about violence against women by using this soccer-based slogan throughout the 2018 World Cup.³⁸ These examples show the ways in which levels of consciousness are rising, and different people—even those not previously engaged in the movements to end sexual and gender-based violence—are participating in the discourse.

Although a great deal of work remains to ensure that all children and families have access to appropriate support services in the wake of CSA, and even more remains to be done to end sexual violence completely, I felt inspired and encouraged after speaking with providers about

³⁶ See news article in *The Guardian*: <https://www.theguardian.com/global-development/2017/nov/01/miss-peru-2017-contestants-accuse-country-of-failing-to-measure-up-gender-violence>

³⁷ See news article in the Peruvian *El Correo*: <https://diariocorreo.pe/edicion/lima/convocan-marcha-contra-visita-papa-francisco-peru-798179/>

³⁸ See the MESAGEN website for further explanation of the campaign: <http://mesagen.pe/campanas/>

their work because I am certain that this is just the beginning of a bold and courageous movement in Peru. As I learned about the work of each organization, I was struck by my feelings that, on one hand, there is still so much to be done, yet, on the other hand, there are committed, passionate individuals and groups who are doing these difficult jobs each and every day. When I pause and consider the strides that Peru has made and the direction in which this work is headed, I feel a sense of renewed hope and profound admiration for this imperfect yet powerful movement to eradicate sexual violence in Peru.

Appendices

APPENDIX A

Interview Guide for Provider—English version

Opening Questions:

In what area of Lima do you work?

What is your professional background or training?

What led you to begin working in the field of CSA?

Key Questions:

1) Can you describe to me your organization's work as it relates to child sexual abuse (CSA)?

a) How does your organization define CSA?

b) What types of clients does your organization serve?

i) What is the process for assisting clients who cannot be served by your organization?

c) How can potential clients find your organization?

d) What is the process to obtain services here?

i) How might this process be different depending on who has perpetrated the abuse?

e) How does your organization receive funding?

i) Do clients pay for services?

2) What are the beliefs about CSA that have influenced the creation and delivery of services at this organization?

a) What is your organization's philosophy regarding how child sexual abuse victims should be served?

3) What do you think is the root cause of CSA?

4) What challenges have you encountered in providing services within your organization?

5) What do you think your organization does really well?

6) Considering the recent natural disaster that has affected many parts of Peru, including Lima, how has your organization had to adjust its services?

7) In your professional opinion, what is the level of need for CSA services in Lima?

a) Which families or children are underserved?

b) In which areas of Lima are services needed more than in other areas?

8) How do services in Lima differ from services in other parts of Peru?

9) Based on your work, what do you think about the policies that currently exist to protect children who have been sexually abused?

a) What do you think would help with the creation of improved policies and services related to CSA?

b) Who are the key individuals and organizations involved with creating these policies?

Ending Questions:

What else do you think is important for me to know about the work of your organization?

What else do you think I should know about CSA in Lima?

What do you recommend to develop better policies for CSA in Lima?

APPENDIX B

Interview Guide for Caregiver—English version

Introduction:

Thank you so much for taking the time to meet with me. I am interested in hearing about your experiencing finding and navigating services for your child or children after becoming aware that your child or children had experienced sexual abuse. In your responses to these questions, please do not provide the names or identifying information of any individuals.

Opening Questions:

In which neighborhood do you live?

How many children do you have? How old are they?

Key Questions:

1) Can you walk me through what you did when you found out that your child had been sexually abused?

a) Where did you go for information, questions, help, or support?

b) What type of professional did you speak with?

2) What factors did you consider when you were thinking about where to go and whom to talk to about your child's abuse?

a) What was difficult about your decision to reach out to another person or organization?

b) What influenced you to make the decision that you did?

- 3) What challenges did you encounter when you decided to reach out for services or to talk to someone about your child's abuse?
- 4) What did you find helpful in the process of reaching out for services?
- 5) What would you do differently if you had to go through the process again?
- 6) What would you like to see change in the process?
- 7) Why do you believe that CSA happens?
- 8) What would you like to tell someone who is providing services or support for families like yours?
 - a) How do you think that children and families should be treated after a child has been sexually abused?

Ending Questions:

What would you tell another parent in your position who is trying to find help or information for their child?

What else would you like to share with me about your experience?

APPENDIX C

Distress Protocol for Research Interview

| INDICATION OF DISTRESS DURING INTERVIEW | FOLLOW-UP |
|---|--|
| Indicate that they are experiencing a high level of distress or exhibit behavior that suggests that the interview is stressful. | 1) Stop the interview. 2) Offer support and allow the interviewee time to regroup. 3) Ask the interviewee if they are continuing to experience an elevated level of stress (more stress than when they began the interview). 4) If so, discontinue the interview. |
| Indicate they are thinking of hurting themselves. | 1) Stop the interview. 2) Express concern and ask the following safety questions: Do you have a plan for hurting yourself? Is there someone you can call for help? 3) If the interviewee needs assistance in contacting someone for help, assist them in doing so. |
| Indicate that they are thinking of hurting others. | 1) Stop the interview. 2) Express concern and ask the following safety questions: Do you have a plan for hurting yourself? Is there someone you can call for help? 3) If the interviewee needs assistance in contacting someone for help, assist them in doing so. |

Actions for researcher:

1) If a participant's distress reflects an emotional response that would be normally expected when discussing a sensitive topic, offer support and give the options of a) stopping the interview, b) regrouping, and c) continuing.

2) If a participant's distress reflects an emotional response beyond what would be normally expected when discussing a sensitive topic, but not imminent danger, take the following actions:

- Recommend that the participant contact their mental health provider or the provider who referred them to this study, who is aware of the family's case.
- Provide the participant with a free local resource (hotline or mental health provider) that they can contact if they feel distressed.
- Indicate that, with their permission, the researcher will contact the participant the following day to see if they are okay.

3) If a participant's distress reflects imminent danger, take the following actions:

- Contact local law authorities unless arrangements can be made for the participant to be transported to the hospital by a family member.
- Provide the participant with a free local resource (hotline or mental health provider) that they can contact if they feel distressed.
- Indicate that, with their permission, the researcher will contact the participant the following day to see if they are okay.

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